



PARKS & RECREATION DEPARTMENT

ACKNOWLEDGEMENTS AND WAIVER: SPORTS/ACTIVITIES – PARTICIPANT UNDER 18

SPORT/ACTIVITY: _____

TEAM NAME: _____ **DATE:** _____

PARTICIPANT NAME: _____ **DOB:** _____

This Agreement is made by and between the undersigned and the City of Meridian, Idaho (“City”), which includes the City’s employees, volunteers, directors, officers, members, and agents. I understand and agree that my child’s participation in the above-written sport/activity (“Activity”) is subject to each and all of these terms:

INITIAL I agree to allow my child to participate in the above-written Activity offered by the City of Meridian, and acknowledge that my child’s participation in this Activity presents risks, some of which are unknown. I agree to assume all known and unknown risks associated with my child’s participation in this Activity, and accept personal responsibility for any related injury, illness, disease, disability, or death.

INITIAL I hereby release and forever discharge the City from all real or possible claims for costs, damages, or other harm to any person or property which has been or may be sustained as a direct or indirect consequence of my child’s participation in this Activity, not attributable to tortious conduct or omission of City, regardless of the manner by which such claim may be brought.

INITIAL I consent to and authorize first aid, emergency medical care, and/or hospitalization for treatment of injuries or illness that my child sustains while or as a result of participating in this Activity, and I accept sole responsibility for all related costs.

INITIAL I acknowledge that City will, as reasonable and feasible, follow best known practices and adopted protocols for preventing the transmission of disease, but I do acknowledge that due to my child’s participation in this Activity, there is an associated risk of person-to-person transmission of communicable diseases, including, but not limited to, COVID-19. I do assume this risk and specifically agree to allow my child to participate notwithstanding such risk.

INITIAL I acknowledge that the Activity may be canceled with or without notice to me, due to unforeseen conditions beyond the control of the City, including, but not limited to, public health hazard, governmental order, or act of God.

INITIAL I understand that my signature below indicates that I agree with the terms of this Agreement, which means that I cannot later bring a claim against City.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____ **PHONE:** _____

EMERGENCY CONTACT: _____ **PHONE:** _____