BAYSHORE GARDENS PARK AND RECREATION DISTRICT

ACTIVITY LIABILITY WAIVER 1033 W

ACTIVITY LIABILITY WAIVER

BAYSHORE GARDENS RESIDENT(S) & NON-RESIDENT(S)

This form must be completed before participating in the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ACTIVITY)

**READ THIS FORM COMPLETELY AND CAREFULLY. IT MUST BE COMPLETED AND PROPERLY EXECUTED BEFORE PARTICIPATING IN THE BAYSHORE GARDENS ACTIVITY NAMED ABOVE.**

YOU ARE GIVEN PERMISSION TO PARTICIPATE IN THE BAYSHORE GARDENS PARK AND RECREATION DISTRICT ACTIVITIES/FACILITIES. IN EXCHANGE FOR PERMISSION TO USE THE FACILITIES AND PARTICIPATEIN ABOVE NAMED ACTIVITY, YOU AGREE AND CONTRACT ON BEHALF OF YOURSELF, TO USE THE FACILITY/ACTIVITY AND AGREES TO RELEASE, INDEMNIFY, DEFEND, AND HOLD HARMLESS THE BAYSHORE GARDENS PARK AND RECREATION DISTRICT, ALONG WITH ITS OFFICIALS, EMPLOYEES, OFFICERS, VOLUNTEERS, AND AGENTS, FROM ANY AND ALL DAMAGES, CLAIMS, LOSSES, SUITS, CAUSES OF ACTION, LIABILITIES, JUDGMENTS, COSTS, AND EXPENSES, INCLUDING ATTORNEY’S FEES, ARISING OUT OF OR RELATED TO USE OF THE FACILITIES/ACTIVITY OF THE BAYSHORE GARDENS PARK AND RECREATION DISTRICT. I AGREE TO ABIDE BY ALL OF THE RULES OR BAYSHORE GARDENS AND UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN LOSS OF PARTICIPATING IN THIS ACTIVITY

Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If a minor, must have this form signed by a parent or legal guardian**

Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved\_3/19/19 Sharon Denson

Revised\_\_\_\_\_\_\_\_\_\_\_

Effective\_\_3/19/19\_\_