



# Freestyle Waiver

Participant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male Female (Circle One)

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian/Emergency Contact \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Are there any health conditions you would like us to be aware of? YES / NO

*If yes, please explain*

\_\_\_\_\_  
\_\_\_\_\_

## RELEASE

*In consideration of White Township permitting my participation in White Township Recreational Programming, I hereby waive, release, and discharge any and all claims for damages for personal injury or property damage which I may have, or which may subsequently accrue to me, as a result of my participation in this activity. This Release is intended to discharge in advance White Township, and its respective agents and employees from and against any and all liability arising out of or connected in any way with my participation in this activity, even though that liability may arise out of negligence or carelessness on the part of White Township, or its agents and employees.*

*I further understand that serious accidents occasionally occur during this activity and that participants in this activity occasionally sustain serious personal injuries as a consequence thereof. Knowing the risks of this activity, nevertheless, I hereby agree to assume those risks and to release and hold harmless White Township, its agents and employees, mentioned above, who might otherwise be liable to me for damages.*

**\*By completing and signing this document you are agreeing to the liability waiver .**

Signature: \_\_\_\_\_ (parent/guardian)

Date: \_\_\_\_\_