



**Waiver & Release of Liability, Permission & Authorization Form**

***Senior Outdoor Adventure Recreation Program***

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I, \_\_\_\_\_ a participant in a program/activity sponsored or co-sponsored by the City of Burlington and/or Alamance County agree to the following understanding binding upon myself and/or my parents or guardians if I am under the age of twenty-one (21).

I waive any and all claims and responsibilities against the City of Burlington and/or Alamance County and their employees, their agents and/or contractors and their volunteers from death, injury or accident towards another individual, loss of, theft of, or damage to personal belongings.

I release the City of Burlington and/or Alamance County and all their employees, agents, and/or contractors and their volunteers from any and all liability for damages to myself and/or property. I accept full responsibility for any kind of damages or injuries of any kind.

I give my permission to the City of Burlington and/or Alamance County and their employees, agents, and/or contractors and their volunteers the full authority to take whatever action they feel is warranted under the circumstances in regard to my health and safety. I also grant them at their discretion, to place me at my own or my parents or guardians expense in a hospital at any point for medical services and treatment, or if no hospital is available, to place me in the hands of a local doctor for treatment. I also give my permission to permit emergency transportation, if needed.

I permit the City of Burlington and/or Alamance County to use and publish photographs and/or video of me for purposes of promoting recreation activities to the community.

I have read and fully understand this form and I voluntarily agree to the terms of this agreement.

Name of Participant (Print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ May we text in the event of a cancellation? \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_