



## **Acknowledgement and Assumption of Risks, and Release of Claims**

I understand the program offered through City Beach will take place in a dynamic environment and may include, but not limited to, the following potential hazardous activities: sports, initiative activities, games and events, high/low ropes courses, bouldering, and rock climbing. The inherent risks of these activities include the following: personal injury, property damage, illness, or death. I understand that City Beach does not require that I participate in the program.

In recognition of the potentially hazardous nature of the program, I, or my child, my heirs and assigns, hereby release the professional staff and employees of City Beach Inc, and its agents, promoters, other participants, operators, officials, any person(s) in any event area, sponsors, advertisers, owners and lessees of the premises used to conduct the event, from all claims of negligence arising from participation in the program. I further agree to hold harmless and indemnify the professional staff and employees of City Beach, and its agents for all defense costs, including attorney fees, and any other costs resulting in connection with my participation in this program. I also understand that this release relates to all claims and liability resulting from unforeseen hazards.

I hereby grant City Beach to take photographs, video recordings, and/or sound recordings of me during my visit. I grant the company permission to use the negatives, prints, motion pictures, video tapings, or any other reproduction of the for promotional purposes on flyers, on the world wide web or in any other manner deemed necessary.

I understand that this release is a contract. I expressly state that I have read, understand and am familiar with all its provisions and that I sign it of my own free will. I have read this entire "acknowledgement and assumption of risk and release of claims" and fully understand the contents. My signature indicates that I have satisfied my questions and concerns.

Name of School: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

Legal Guardian (Print): \_\_\_\_\_

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Emergency Contact Information**

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_