

HARRINGTON
PARKS &
RECREATION

OFFICE USE ONLY:

Date _____

Amount _____

www.hprnews.com

114 East Liberty Street

Harrington, DE 19952

398-7975

Individual Adult Fitness Waiver Form

Participant First Name _____ Last Name _____

Address: _____ City: _____

Emergency Contact Name _____ Relationship _____ Phone _____

Phone Number _____ Do you live in the City Limits of Harrington? Yes _____ No _____

Medical Information: Please list below any medical conditions and/or allergies that you think we should know about.

Consent and Liability Waiver-Release of all claims (must be signed to participate)

I, _____ As lawful consideration for myself being permitted to participate in the Harrington Parks & Recreation adult fitness program, camp, or any other activity at or through the Harrington Parks & Recreation facilities. I agree that I will not make a claim against, sue, attach the property of or prosecute the Harrington Parks & Recreation Department, and their affiliates, sponsors, building contractors, suppliers, and employees for damages for death, personal injury or property damage which I may sustain as a result of my participation in these program activities. This release is intended to discharge in advance the Harrington Parks & Recreation Department, and their affiliates, sponsors, building contractors, suppliers, and employees from and against any and all liability, including negligent actions arising out of or connected in any way with my participation in the sports program, camp, clinic or any other activity except for liability that may arise out of the willful or wanton misconduct of the Harrington Parks & Recreation Department, and their affiliates, sponsors, and employees. I FURTHER UNDERSTAND THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING PROGRAM ACTIVITIES, AND THAT PARTICIPANTS IN PROGRAMS OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF. KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE THAT I ASSUME THOSE RISKS AND RELEASE AND HOLD HARMLESS THE HARRINGTON PARKS & RECREATION DEPARTMENT AND THEIR AFFILIATES, SPONSORS, AND EMPLOYEES WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME, (OR OUR HEIRS OR ASSIGNS) FOR DAMAGES. **I attest that I am eighteen (18) years of age or older, and that I am physically fit and have no known medical conditions which prohibit participation in this program.**

I agree to follow all laws, rules and guidelines, regulations, the conduct of the program, camp or clinic. I understand and agree that I am responsible for the mechanical and/or operating condition of any and all program equipment provided by me for my use, and I agree that I will continuously inspect and maintain all equipment used, even if we have obtained any of the equipment from the Harrington Parks & Recreation Department, their affiliates, sponsors, and/or employees.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND A CONTRACT BETWEEN MYSELF AND THE HARRINGTON PARKS & RECREATION DEPARTMENT, AND THEIR AFFILIATES, SPONSORS, AND EMPLOYEES, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

I also agree that the Harrington Parks & Recreation Department, and their affiliates, sponsors, and employees may use my photograph in future promotions.

Rules for Adult/Minor Fitness Participation:

*There is no profanity allowed in or on the premises.

*No alcoholic beverages allowed in or on the premises.

*You must wear proper footwear (sneakers) for safety. No flip flops or sandals allowed.

*You must remember that this is a place of business and visitors come to the office. You must respect them and allow them the ability to access the offices.

*Abide by a doctor's decision in all matters of health, injuries, and ability to participate.

*You must pick up after yourself. No food allowed on gym floor or in fitness room.

Consequences for Non-Compliance:

*Failure to adhere to the above rules could result in being temporarily or permanently asked to leave the facility.

Signature: _____

Printed Name _____

ALL PARTICIPANTS MUST HAVE AN INDIVIDUAL WAIVER FORM ON FILE SIGNED BEFORE PARTICIPATION