



Waiver for Adults - Stow Parks & Recreation

This waiver MUST be signed and on file to register and attend
PROGRAMS / BUS TRIPS / HIKES / OTHER

I, the undersigned, state that I wish to participate in the service or activity that I am registering myself for ("Program"), facilitated by the Stow Parks and Recreation Development, located within the City of Stow, State of Ohio. I understand that I am doing so at my own risk. I take full responsibility for myself, at all times during the Program and promise to adhere to any directions or requirements communicated to me by City of Stow officials, employees, and/or authorized volunteers prior to, during, and after participating in the Program. I furthermore agree to forever indemnify and hold the City of Stow and all its officials, employees, and authorized volunteers harmless from any and all resulting liability, loss (including any personal injury, death, and/or property damage), cost, or expense (including attorney fees, medical and/or ambulance costs, etc.) that may occur while traveling to, participating in, and/or traveling back from the Program as a result of my participation in and travel to and from the Program.

Yes _____ No _____ (Intitials _____)

I hereby release the City of Stow and all its officials, employees, and authorized volunteers from any responsibility or liability in connection with this Program. I give permission to a licensed physician or other hospital staff members to carry out emergency medical care deemed necessary to myself when normal permission is unavailable.

Yes _____ No _____ (Intitials _____)

I certify that I am in good physical health, will not require the physical assistance of any staff to participate in the Program. This also includes not requiring the physical assistance from staff in boarding the transportation vehicle traveling to and from the Program.

Yes _____ No _____ (Intitials _____)

Photo Release

I also understand and agree that my photo may be taken while participating in Parks and Recreation activities and such photos may be used for promotional publication purposes.

Yes _____ No _____ (Intitials _____)

Program Refund Policy

I understand that pre-registration is required & full payment is due upon registration. I understand that some programs have a NO REFUND policy. Other programs - No credits or refunds are issued within 7 days of a program or trip due to a change in personal schedule, illness, or conflict. Refund requests may be granted if made in writing at least seven days prior to a program or trip and no expenses have occurred, depending on the individual program. A \$5 processing fee is applied to all refunds made seven days prior to the program.

Yes _____ No _____ (Intitials _____)

Signature of Registrant

Print Name of Registrant
