

Islamorada, Village of Islands

Parks and Recreation Department

### **Release, Waiver and Indemnification Agreement**

Activity: **All Adult Sports Activities related to or conducted by Islamorada, Village of Islands Parks Department**

**\*\*READ BEFORE SIGNING \*\***

I, the undersigned, agree that Islamorada, Village of Islands (the "Village") and its officers, agents and employees shall not be held liable for injuries, death or other loss which may occur as a result of my participation in the above described activity, and that the undersigned voluntarily assumes the risk of any loss, injury or death to person or loss or damage to property, which in any way arises out of participation in said activity. Further, the undersigned WAIVES ANY CLAIM against the Village and its officers, agents and employees arising from loss, injury, death or damage and does COVENANT NOT TO SUE the Village and its officers, agents and employees. Further, the undersigned agrees to RELEASE, INDEMNIFY, DEFEND AND HOLD HARMLESS the Village and its officers, agents and employees from any and all claims, actions, demands, rights, judgments liability or expenses arising from or by reason of any and all know or unknown damages, claims or actions arising from participation in the above-described activity. This indemnification and hold harmless shall continue notwithstanding any negligence or comparative negligence on the part of the Village relating to such loss, injury, or damage. I hereby give permission for the Village and its officers, agents and employees to call my physician and or to arrange for transportation to a hospital in the event of any injury, although I understand that the Village and its officers, agents and employees assume no responsibility to do so. I hereby agree that this Release form shall be binding on my heirs, successors and assigns. The undersigned has fully read, understood and agrees to each term contained in this Release, Waiver and Indemnification Agreement.

Name (print) \_\_\_\_\_

Current Home Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Relationship to Participant if not self \_\_\_\_\_

Signature of Participant \_\_\_\_\_ (Date)

Other Signature (Guardian) \_\_\_\_\_ (Date)