



**PARTICIPANT’S REGISTRATION, WAIVER, RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

**NOTE: Participant or legal guardian must complete this form in its entirety prior to participating or performing volunteer work or services**

**Participant’s Name:** \_\_\_\_\_  
(Last Name) (First Name)

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent Guardian Name:** \_\_\_\_\_

In consideration of the permission given by the City of Colfax (“City”) to accept the above-named Participant, and to the greatest extent permitted by law, the undersigned hereby waives, releases and shall hold harmless, defend and indemnify the City and its subordinate and affiliated agencies, officers, officials, employees, sponsors and volunteers (collectively “Indemnities”) from and against any and all liability, loss, damage, expense and costs (including without limitation costs and fees of litigation) of every nature arising out of or in connection with the participation by the above-named Participant in any activity for which such Participant is being registered, except to the extent such injury, loss or damage is caused by the active negligence or willful misconduct of the Indemnities. Furthermore, I hereby agree that I, my successors and assigns knowingly and voluntarily assume the risk of engaging in this activity and will not make any claim against, sue, attach the property of, or prosecute any of the Indemnities for any injury, liability, loss, damage, expense or costs arising out of or resulting from the participation by the above-listed Participant in any activity which such Participant is participating in. If any Participant named above is a minor, I certify that I am the legal parent or guardian of the Participant or otherwise authorized to execute this form on his/her behalf, that he/she is in good physical condition and that I give my permission for him/her to participate in such activity subject to the terms of this release. I hereby grant permission to the City to take my or the above Participant’s photograph while participating in City activities or programs and to use such photograph(s) for publicity.

**NOTE: BY SIGNING THIS FORM, YOU ARE AGREEING TO RELIEVE THE CITY OF LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, PROPERTY DAMAGE AND OTHER INJURY OR DAMAGE EXCEPT TO THE EXTENT CAUSED BY THE ACTIVE NEGLIGENCE OR WILLFUL MISCONDUCT OF THE CITY.**

**Participant’ Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent’s/Guardian’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_