Liability Waiver:	
Event/Program:	Date:
Printed Name of Participant(s):	
LIABILITY WAIVER AND HOLD HARMLESS STATEMENT	
I understand that there are certain risks involved with participal identified above. I, on behalf of myself and/or my child, hereby HOLD HARMLESS THE CITY OF LONGMONT, AND ITS OFFICERS, EMPLOYEES, from any and every claim, demand or action of an death and/or property damage resulting from any incident whi participating in the City's activities. This RELEASE, LIABILITY WA does not apply if such injury, death or damage is caused by the negligence of the City of Longmont, or its officers, agents, volu	RELEASE, DISCHARGE AND AGREE TO AGENTS, VOLUNTEERS, ASSISTANTS, AND by kind arising due to bodily injury, illness, ich may occur to me as a result of AIVER AND HOLD HARMLESS STATEMENT willful or reckless actions or gross
EMERGENCY MEDICAL AUTHORIZATION: In the event of injury or illness, I give permission to the City of Longmont and its employees and volunteers to obtain emergency medical treatment for me and/or my minor child(ren). I agree to pay all reasonable expenses for medical and related treatment obtained for me and/or my minor child(ren) and further agree that the City of Longmont is not liable for payment of such expenses. I understand that all reasonable effort will be made to contact me prior to seeking medical care for the child(ren) listed above. If I cannot be reached, the City of Longmont will exercise reasonable judgment in seeking medical treatment for my child.	
PHOTOGRAPH RELEASE I permit the City of Longmont to take and use photographs of nof promoting City of Longmont programs and activities. This in of me and/or my child/ward for such purpose. I understand the child/ward remain the property of the City of Longmont.	cludes permission to publish photographs
Signature of Participant/Parent/Guardian:	

Date:\_\_\_\_\_