

**RELEASE, WAIVER AND ASSUMPTION OF RISK**

**Bring to Party with Required Parent Signature**

*In consideration of the City of Lafayette ("City") acting through it's Parks & Recreation Department in granting my child permission to participate in a Kindergym Party at the Lafayette Community Center; I do hereby agree that:*

*By electing to have my child participate in the above described activities, I assume the risks of injury or damage to my minor child/ward which may be associated therewith; (injuries may include, but are not limited to, sprains, breaks, cuts punctures, and bruises from tripping, falling and colliding with other people/objects.)*

*I waive all rights of recovery against the City, it's officers, agencies and employees and release, acquit and forever discharge the City from any and all liability for any bodily injury or other personal injury, damage, loss or expense incurred by my minor child/ward or to our property while exercising the above permission or while engaged in the activities related thereto:*

*I am responsible for my child/ward's actions and that I will indemnify and hold the City harmless from all loss or liability that may arise from my child's negligence or misconduct.*

*I hereby represent that I have carefully read this document, I understand its contents and have signed it of my own free will.*

*Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_*

*Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_*

*Food Allergies? \_\_\_\_\_*

*Phone # During Party: \_\_\_\_\_*

**RELEASE, WAIVER AND ASSUMPTION OF RISK**

**Bring to Party with Required Parent Signature**

*In consideration of the City of Lafayette ("City") acting through it's Parks & Recreation Department in granting my child permission to participate in a Kindergym Birthday Party at the Lafayette Community Center; I do hereby agree that:*

*By electing to have my child participate in the above described activities, I assume the risks of injury or damage to my minor child/ward which may be associated therewith; (injuries may include, but are not limited to, sprains, breaks, cuts punctures, and bruises from tripping, falling and colliding with other people/objects.)*

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*Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_*

*Food Allergies? \_\_\_\_\_*

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