

# Program Release Form

## Program Release Form

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As registered participant, or legal guardian of a registered participant, in any activity offered or sponsored by the City of Dardenne Prairie, I recognize and acknowledge that there exist certain inherent risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I, or the listed dependents, may sustain as a result of, or in any way connected with participating in any and all registered activities.

I do hereby fully release and discharge the City of Dardenne Prairie, its employees and agents from any and all claims from injury, including death, damages or loss which I, or the listed dependents, may have or incur as a registered participant in an activity offered or sponsored by the City of Dardenne Prairie.

I further agree to indemnify and hold harmless the City of Dardenne Prairie, its employees and agents from and against any, and all, liability which may be suffered by myself or my listed dependent as a result of, or in any way connected with participation as a registrant in any and all activities offered or sponsored by the City of Dardenne Prairie.

I understand that once signed, this waiver agreement will expire one year from the signature date, whereupon a new form will be required to be completed for participation in future programs offered or sponsored by the City of Dardenne Prairie requiring registration.

I understand that participants in City of Dardenne Prairie programs may be photographed for promotional purposes.

I understand I must be 18 years of age to sign this waiver and be legal guardian to program participant(s).

**Coach name/Program name (IE Coach name 9U Baseball)**  
**(Required):** \_\_\_\_\_

**Signature (Required):** \_\_\_\_\_

**Full Name of Parent or Guardian**  
**(Required):** \_\_\_\_\_

**Program Participant(s) Name**  
**(Required):** \_\_\_\_\_

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