



## Civic Center MOVES Waiver & Release of Claims

I, the Participant signing below, understand that the program or activity I am participating in is held in a public park operated by the Denver Department of Parks & Recreation (DPR) and is **NOT** being offered under the auspices, control, or sponsorship of the DPR. The program or activity is being offered or sponsored by a person or entity unrelated to the DPR and the City & County of Denver. The person or entity offering the program or activity I am participating in has obtained a permit for the use of the public park in which the program or activity will be conducted. I acknowledge that the DPR and the City of County of Denver have no responsibility for the program or my participation in the program or activity.

I further understand that the program or activity may involve the risk of physical injury, illness, disease (any of which could lead to permanent disability or death), and/or property loss or damage from foreseeable or unforeseeable circumstances. I recognize and affirm that it is my personal responsibility to consult with a physician before participating in athletic or strenuous activities or receiving health or medical services or treatments and to secure and protect my property from loss or damage. I hereby expressly assume all such risks described above that may occur to me arising out of, or in any way related ,to, the program or activity I am participating in.

By signing this Waiver and Release of Claims, I waive and release any and all claims, demands, actions or other liability rights I may have against the Civic Center Conservancy, its sponsors, its partner providers, DPR, the City and County of Denver and their officials, employees and agents for any injury, illness, disease, and/or property loss or damage arising out of or in any way related to the program or activity I am participating in.

I have read, understand, and consent to this Waiver and Release of Claims and voluntarily sign below of my own free will.

DATED this \_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

### How did you hear about Civic Center MOVES (circle all that apply)

Previous  
Participant

Instructor/Studio

Social Media

Saw a flyer/poster

Email

Other \_\_\_\_\_

### **IF PARTICIPANT IS UNDER 18**

As the parent or guardian of the Participant who is under 18 years of age, I acknowledge and affirm that I have the legal authority to waive the Participant's rights as provided herein, that I have read and understand the Waiver and Release of Claims and do hereby consent to the Waiver and Release of Claims on behalf of the Participant, and that I assume all responsibility for having consented to this Waiver & Release of Claims.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_