

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 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__.

Print Name: _____

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.

Print Name: _____

Email Address: _____

Mailing Address: _____
