

CITY OF HAPPY VALLEY

MASCOT VOLUNTEER PARTICIPATION WAIVER

MEDICAL CONSENT AND RELEASE OF LIABILITY: PLEASE READ AND SIGN BELOW:

In participating in any way at the City of Happy Valley mascot tryouts, I, the undersigned:

1. Acknowledge fully that I will engage in activities that involve risk or serious injury including permanent disability, death; and severe social and economic losses which might result not only from my own actions, inactions, or negligence, but the action, inactions, or negligence of others. Further, that there may lie other risks not known to me or not reasonably foreseeable at this time.
2. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death including but not limiting to all medical and insurance payments.
3. Acknowledge that I am healthy and physically fit enough to participate in all activities of said tryout and have informed the City of Happy Valley of any health concerns that might need attention while at the tryout.
4. I will not seek to hold the City of Happy Valley, its employees, or representatives to any standard of care in their conduct in any way connected with this tryout. I hereby release, remise, and forever discharge the City of Happy Valley from and of any and all claims or liabilities arising in any manner out of mascot tryouts, including, but not limited to, liability for intentional conduct on the part of any agent of the City of Happy Valley. I understand that my assumption of risks means that I cannot sue the City of Happy Valley for any sickness or injury that I might suffer, even if the sickness or injury is caused directly or indirectly by the negligence of the City of Happy Valley in connection with the mascot tryout.
5. In the event that I sustain injury or illness while participating in the mascot tryout, I hereby authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by medical personnel and for medical personnel to act on my behalf if I am not immediately available to do so.

THE UNDERSIGNED HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Applicant's Printed Name

Applicant's Signature

Date

