



### Participant Information & Program Waiver Form

Program: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medical information and conditions we should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_

**ONLY PARENT OR LEGAL GUARDIAN MAY SIGN PARTICIPATION WAIVER FOR ANY PARTICIPANT UNDER THE AGE OF 18.**

I have signed for the above participant in a program of progressive physical exercise. I am waiving the possibility of any personal damage which may be blamed upon such a program in the future and accept the responsibility for requesting such exercise and assistance. I hereby acknowledge and accept any risks involved to physical health or injury. To my knowledge, the above participant does not have any limiting physical condition, health problems or disability which would preclude this program.

I hereby grant permission to use my likeness in a photograph or video in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the Moon Parks and Recreation Department and will not be returned. I hereby irrevocably authorize the Moon Parks and Recreation to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the Moon Parks and Recreation programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or video.

I have been informed of the need for a physician's approval for participation in any progressive exercise-fitness program. I accept complete responsibility for the health and well-being in this voluntary exercise program and related testing. I understand that NO responsibility is assumed by the leaders of the program or the sponsoring agency.

I agree to defend, indemnify, and hold harmless the Township of Moon, its elective officials, officers, appointees and employees from and against any and all loss, liability, and damages, of whatever nature to persons, property, including but not limited to death of any person and loss of the use of any property related to or resulting from use of said facility pursuant to this Agreement, except for the intentional misconduct of the Township of Moon, or their elective officials, officers, appointees or employees.

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**PARTICIPANT (PARENT/LEGAL GUARDIAN SIGNATURE  
IF PARTICIPANT IS UNDER 18)** **DATE**