

**RecPlex General Activity Waiver For Minor Children**

I, the undersigned, acknowledge and agree that participating or observing the activities sponsored by and offered by the Ponca City RecPlex have inherent risks.

I am aware that numerous inherent risks in observing and participating in the activities offered by and sponsored by the Ponca City RecPlex. I ASSUME COMPLETE RESPONSIBILITY and liability for those risks and for the injuries that may occur to this minor child because of these risks, EVEN IF injuries occur in a manner that is NOT FORESEEABLE at the time that I sign this agreement. I realize that by voluntarily assuming the risks involved, I will be SOLELY RESPONSIBLE for any loss or damage this minor child may sustain, including PERSONAL INJURIES to the minor, damage to the minor's property, or damage arising out of the minor's death.

As a parent/legal guardian of the above-named minor child, I also hereby give my consent for any emergency medical treatment from medical personnel as approved by a member of the Parks & Recreation staff in case of injury or illness while participating in this Program. I understand that if possible, I will be immediately notified of any emergency, but this consent is intended to avoid undue delay and to assure prompt attention. I agree to accept financial responsibility for any medical expenses arising out of or resulting from such emergency.

I agree that pictures taken during Program hours may be used for future promotional purposes and give my consent for their use without remuneration.

This agreement is legally binding. By signing it you are giving up your right to recover compensation through the courts or otherwise, for any personal injury, damage to the minor's property, or for the minor's death, being caused by negligence, accident, or otherwise.

IN ABSENCE OF SIGNATURE, PAYMENT OF FEES AND PARTICIPATION IN THE PROGRAM SHALL CONSTITUTE ACCEPTANCE OF THE CONDITIONS SET FORTH IN THIS WAIVER AND CONSENT.

**\*\*\*I HAVE READ, UNDERSTOOD, AND AGREE TO THE ABOVE CONDITIONS\*\*\***

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Minor Participant Print Name (DOB)    Minor Participant Name (DOB)    Minor Participant Name (DOB)

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Address

Phone

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Parent/Guardian Signature