

**Cullman City Parks and Recreation  
Hurricane Creek Park 2010  
Waiver and Release Form**

Please read this form carefully and be aware that in registering, you will be waiving and releasing all claims for injuries, damages, or loss sustained through participation by yourself and your ward in Hurricane Creek Park programs.

**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Parent/Guardian**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, damages, or loss which I or my ward may sustain as a result of participating in any and all activities connected, or in any way associated, with the activities of this park.

**Parent/Guardian Initial:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

I further agree to indemnify, hold harmless and defend the City of Cullman, the Cullman City Parks and recreation department and staff, and any other officials, agents, servants, representatives, employees, and board members from any and all claims for injuries, damages, or loss stationed by myself or my ward arising out of, connected with, or in any way associated with the activities of the park.

**Parent/Guardian Initial:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

In the event of an emergency, I authorize Park officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my or my ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

\*PLEASE CIRCLE ACTIVITY: Rock climbing—rappelling—mountain biking

**Parent/Guardian Initial:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**I have read and fully understand the above program details.**

**Signature of**

**self/parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_