



Participant Information & Program Waiver Form

Program: _____ Date (s): _____

Participant's Name: _____ Age: _____

Parent/Guardian Name: _____ DOB: _____

Email: _____ Phone: _____

Address: _____

Emergency Contact: _____ 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 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.

PARTICIPANT SIGNATURE OR

DATE