

TOWN OF ARLINGTON

Release Form

Please print and fill out completely

Name of Participant

Name of Parent or Legal Guardian

Address: Street

City

State

Zip

Home Phone

Cell Phone:

E-mail Address

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I am aware of the activities that I am voluntarily participating in and I agree to assume any and all risks of bodily injury, property damage, whether those risks are known or unknown. I hereby release, forever discharge and agree to hold harmless the Town of Arlington, its directors, employees and agents from all claims or liabilities of any kind relating to the participation of any programs on Town of Arlington property and/or right-of-ways.

Please sign below:

Signature Parent or Legal Guardian

Date

Event: