**General Liability Waiver**

**Waiver Agreement:** I know that participation in this activity may result in serious injuries. I do hereby waive, absolve, release, indemnify, and agree to hold harmless Franklin Recreation, Town of Franklin & sponsors, supervisors or participants from any claim arising out of an injury sustained by myself whether the result of negligence or any other cause except to the extent and in the amount covered by accident or liability insurance.

**Medical Release Statement**: I give permission for proper emergency medical care to be provided to me if necessary.

**Photograph/Video Agreement:** I give permission for the Town of Franklin/Franklin Recreation to use photos and/or videos of me on their websites, flyers, etc. for promotion and/or publicity purposes only. ( Must indicate below if you do not give permission for photo use.)

**COVID-19 Attestation:** I have read Franklin Recreation’s COVID-19 Attestation Form, understand and agree with the information provided as a condition of participating in any Franklin Recreation activities.

My signature below indicates that I have read the above information and understand that I voluntarily assume all risks and agree to the content of this Disclosure and Release Form.

| Participant’s Name (Print) | Participant’s Signature | Date | Contact Info |
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