



Program Participation Waiver and Health History - updated Nov 2025

First _____ Last _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

EMAIL _____ PHONE _____

If under 18 Name of Guardian _____ Phone _____

Known Allergies _____

Pertinent Injuries/Surgeries _____

Current Medications _____

Please identify and explain any behavioral/mental health support needed

AUTHORIZED PICK UP For the protection of your child, children, or those in your care, staff MAY ask for a picture ID upon pick up. We will not release participant to any other person NOT listed. Person picking up must be 18 or older unless person is specified by the child's legal guardian.

Name _____ Phone: _____

Name _____ Phone: _____

PERSONAL RELEASE AND ASSUMPTION OF RISK

ASSUMPTION OF RISK I am aware and understand that programs offered by Missoula Parks and Recreation are potentially dangerous activities with the potential for serious injury and death. I HEREBY ASSUME ALL RISKS OF PARTICIPATING IN MISSOULA PARKS AND RECREATION PROGRAMS. I certify that I am physically fit, have trained sufficiently for participation in this activity, and have not been advised otherwise by a qualified medical person.

PERMISSION TO RECEIVE FIRST AID & SECURE MEDICAL HELP I permit the City of Missoula personnel assigned to my activity to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred. I understand that the City of Missoula does NOT provide any medical insurance coverage for me while participating in City of Missoula programs. I also realize that I may be attended by City of Missoula personnel assigned to my activity until medical care is available.

PERSONAL RELEASE I, do hereby for myself, my heirs, executors, administrators, successors, and assigns, release, indemnify, acquit, and forever discharge the City of Missoula, its employees, elected officials, and insurers from any and every claim, demand, right, or cause of action, property damage, personal injury, costs, loss of service, expenses of any kind, and any compensation whatsoever, which I may ever assert by reason of my or my child's presence and/or participation in Missoula Parks and Recreation programs, including any claims which might arise from natural, environmental, or weather conditions, and/or possible airborne pathogens as well as from the nature or condition or manufacture of any structures or appurtenances on the premises, and further including any and all claims which might arise from any use of any equipment on the premises, or used in conjunction with Missoula Parks and Recreation instruction, and all claims which might arise out of the acts or omissions of other persons on the premises, whether directly connected with Missoula Parks and Recreation programs or not.

BEHAVIOR POLICY I agree that repetitive behaviors from program participants which endanger themselves other participants or employees, property destruction, and/or verbal harassment may be cause for removing participants from the program or reducing the number of days/hours a person can participate.

TRANSPORATION CITY OF MISSOULA PARKS AND RECREATION DEPARTMENT I agree that City staff may drive myself or my child to and from locations included in the program associated with this waiver in City vehicles.

MEDIA AND PROMOTIONAL I authorize the City of Missoula to use my likeness or picture, or that of my child, in photograph/video or social media for advertising or promotion of the Parks and Recreation Programs.

_____ **I DO NOT want my or my child's image used for publicity purposes.**

I hereby acknowledge that this release is voluntarily given with full knowledge of the meaning and consequences of this release. I have read the above RELEASE & ASSUMPTION OF RISK AGREEMENT and fully understand its purpose. I willingly sign below and represent that I am 18 years of age or older and otherwise competent to execute this document, or that my legal guardian is also signing this document.

PRINTED NAME _____

*SIGNATURE _____ Date _____

*Parent or Legal Guardian if under 18 years of age