

City of Chester Parks & Recreation



Weight Room

161 West End Street

(803)581-7429

REGISTRATION FORM			
PARTICIPANT(S) NAME (FIRST, LAST)	ADDRESS	PHONE #	DOB/AGE

WAIVER OF LIABILITY, MEDICAL RELEASE & INDEMNIFICATION

1. The release is intended to discharge in advance the city, its officers, employees and agents from and against all liability.
2. I hereby assume any and all risks of injury, death or property damage, and to release and hold harmless the City of Chester, its officers, employees and agents.
3. I will indemnify and to hold the City harmless from any loss, liability, damage cost or expense including litigation, which may incur during the participation of such an event.
4. I have carefully read this waiver of liability, medical release and indemnification agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the City of Chester and that I sign it of my own free will.

SIGNATURE (REQUIRED)

DATE

IN CASE OF EMERGENCY

	Name	Address	Phone	Relation
Primary				
Secondary				