



2026-2027 SATURDAY ACTIVITY NIGHT WAIVER

NAME: _____ GENDER: _____

DATE OF BIRTH: _____ AGE: _____ GRADE: _____

PHONE: _____ ADDRESS: _____

#1 EMERGENCY CONTACT: _____ RELATIONSHIP: _____

EMERGENCY CONTACT EMAIL: _____ PHONE: _____

#2 EMERGENCY CONTACT: _____ RELATIONSHIP: _____

EMERGENCY CONTACT EMAIL: _____ PHONE: _____

ANY MEDICAL CONDITIONS/ALLERGIES: _____

I, _____ the parent/guardian of _____ (participant name) understand that by enrolling at Olmsted Community Center for the Saturday Activity Nights Season, the participant understands that they are attending the programs and using Olmsted Community Center and the facilities does so at their own risk. Olmsted Community Center and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participants with their families in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages that occur in or about any programs on the premises, they do hereby fully and forever release discharged hold harmless Olmsted Community Center, all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, they agree(s) to follow the rules of conduct and play set by Olmsted Community Center. Failure to do so may result in suspension from participation. Consent: I, the undersigned, hereby give my consent for myself/child to participate in the Olmsted Community Center Recreation Program. I understand that the Olmsted Community Center, its employees, volunteers and/or agents assume no liability for myself/child while participating in, or traveling to or from this program. I agree in case of accident to allow myself/child to be transported to the nearest medical facility by emergency medical service/Olmsted Falls Fire Department. Fully recognizing the possibility of physical injury associated with the activity which I and/or my child desires to participate in, I hereby release and discharge the Olmsted Community Center / and its officials, employees, volunteers and agents, from and against any and all claims for property damage and/or personal injury arising out of my or my child's participation in this activity. Finally, I do hereby authorize Olmsted Community Center and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials.

X _____

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Relationship to Participant