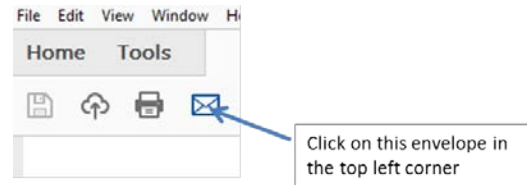


Submission Instructions:

Please fill out the Adult Participation Agreement and Waiver of Liability Form in its entirety. Once complete submit the form in one of the following ways:

Option 1 – E-mail via PDF

Click on the Mail icon on the top left corner of the PDF document



1. In the pop up window select “use webmail”
2. Using the dropdown menu select your e-mail preference then enter your personal e-mail address and click continue.
3. You will be prompted to sign into your e-mail account and will be asked to allow access. Once you click “allow” your e-mail account will be opened in a new window and a draft e-mail will be generated.
4. Click on your draft folder to locate the e-mail with the completed waiver already attached and ready to be sent.
5. Send the e-mail to mfesta@woosteroh.com. If there is any other information you need the department to be aware of included in the body of the e-mail.

Option 2 – Print/Save/Scan

Print/Save a copy of the filled out form and submit it one of the following ways

Via U.S. Mail: 241 S. Bever St. Wooster Oh 44691

Fax to: 330-263-5215

Email to: mfesta@woosteroh.com

In person at the Community Center: 241 S. Bever St. Wooster Ohio
between the hours of 8:30am and 4:30 pm Monday – Friday



**CITY OF WOOSTER RECREATION
Adult Participation Agreement and Waiver of Liability**

Name _____ Gender _____

Address _____ City _____

State _____ Zip _____ E-Mail _____

Date of Birth _____ Primary Phone _____ Cell Phone _____

Emergency Contact _____ Primary Phone _____

Relationship _____

Medical Information (*current conditions, medications, allergies, etc*)

AGREEMENT, WAIVER, AND RELEASE OF LIABILITY

I am aware that there are risks of serious injury or death involved in any sport or recreational activity. Bearing that in mind, with full knowledge of my physical capabilities or limitations, I hereby agree to assume for myself all risk of any such injury. In consideration of being permitted to participate in this program sponsored by the City of Wooster Recreation/Community Center Division, I hereby for myself, my heirs, and executors, waive, release and discharge any and all claims for damage for personal injury or property damage which I may have as a result of my participation in activities at City of Wooster Recreation activities. This release is intended to discharge in advance, to indemnify and hold harmless, the City of Wooster, its employees, officials, volunteers, and agents, from any and all liability arising out of or connected in any way, with my participation in activities at this or any other City of Wooster Recreation facility even though that liability may arise out of negligence on the part of those parties. I understand that if I am injured Emergency Medical Services (EMS) will be called to administer medical treatment and that I am financially responsible for all treatment and related costs. I understand that should any injury occur to myself I will be responsible for all medical treatment and other costs. I also agree that I shall abide by the rules and supervision of the City of Wooster Recreation Division. I further agree that if a legal dispute arises I will attempt to settle the dispute through mediation before a mutually acceptable mediator recognized by the American Arbitration Association and residing in Ohio. To the extent that mediation does not resolve the matter, I agree to submit the dispute to binding arbitration through the American Arbitration Association in Ohio. And I agree that if one part of this agreement is found void, all other parts stand separate and legal.

Signature _____ Date _____