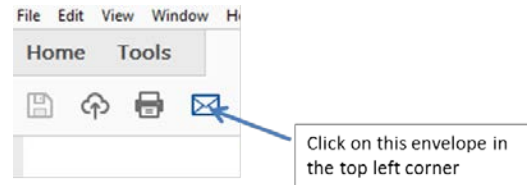


## Submission Instructions:

Please fill out the Child 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](mailto: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

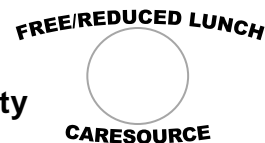
**Fax to:** 330-263-5215

**Email to:** [mfesta@woosteroh.com](mailto: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
Child Participation Agreement and Waiver of Liability



Child's Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ School District \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Primary Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

2nd 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 the physical capabilities or limitations of my child/ward, I hereby agree to assume for my child/ward all risk of any such injury. In consideration of my child/ward 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 child's/ward's 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 child's/ward's 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 should any injury occur to my child/ward Emergency Medical Services (EMS) will be called to administer medical treatment and that I am financially responsible for all treatment and related costs. I also agree that my child/ward 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.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_