



**City of Mercer Island  
Mercer Island Community and Event Center  
Parental/Legal Guardian Assumption of Risk, Waiver and  
Release for Minor Child(ren)**

**Program:** \_\_\_\_\_

I (we) am/are the parent(s) or legal guardian of the below named minor child(ren) who desires to participate in any Parks and Recreation drop in program (including, but not limited to open gym, badminton, pickleball, indoor playground, special needs open play, and/or any other drop in program offered by Parks and Recreation). It is important to me (us) that child(ren) be allowed to participate in this activity. I am fully aware that there are special dangers and risks inherent to this activity, including but not limited to, the risk of serious personal and physical injury, death or other harmful consequences which may arise directly or indirectly from the child(ren)'s participation in this activity. Being fully informed as to these risks and in consideration of the City's allowing child(ren) to participate in this sponsored activity and/or use of City facilities I (we), on behalf of myself (ourselves) and on behalf of the below name participant child(ren), assume all risk of injury, damage and harm to the child(ren) which may arise from the child(ren)'s participation in the activities or use of City facilities. I (we) further agree, individually and on behalf of the below-named child(ren), to release and hold harmless the City of Mercer Island, its officials, employees, instructors, volunteers and agents and agree to waive any right of recovery that I (we) may have to bring a claim or lawsuit for damages against them for any personal and physical injury, death or other harmful consequences occurring to the below-named child(ren) or me arising out of the child(ren)'s voluntary participation in this activity. I (we) grant my (our) full and voluntary consent for the below-named child(ren) to participate in the activity described above.

| Child's Name | Date Of Birth (MM/DD/YY) |
|--------------|--------------------------|
|              |                          |
|              |                          |
|              |                          |
|              |                          |
|              |                          |

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Legal Guardian

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_