



PAR.15.01
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Revised: 01/2019
Reviewed: 06/2017

17 YEARS OLD & UNDER
PARENTAL/GUARDIAN ASSUMPTION OF RISK, WAIVER AND RELEASE

I(we) am/are the parent(s) or legal guardian of (Child's Name)
who desires to be a participant in the METRO PARKS TACOMA-sponsored recreational activity of
(event) which will include vehicular transportation provided by METRO PARKS
TACOMA.

It is important to me(us) that this child is allowed to participate in this activity. I(we) understand there are special dangers
and risks inherent not only in this activity but in being transported by vehicle, including but not limited to, the risk of
serious physical injury, death or other harmful consequences which may arise directly or indirectly from the child's
participation in this activity or being transported by vehicle to and from the activity.

Furthermore, I have been advised via this document that METRO PARKS TACOMA does not provide Uninsured,
Underinsured, Med Pay or Personal Injury Protection Coverage. Being fully informed as to these risks and in
consideration of METRO PARKS TACOMA allowing my child to participate in this sponsored activity and/or use of
METRO PARKS TACOMA facilities and/or being transported, I (we), on behalf of myself (ourselves) and on behalf of
the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the
child's participation in the activities, use of METRO PARKS TACOMA facilities and/or transportation to and from the
activity.

I(we) further agree, individually and on behalf of the above-named child, to release and hold harmless METRO PARKS
TACOMA, its officials, employees, 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 METRO PARKS TACOMA for any personal injury, death or other harmful
consequences occurring to the above-named child or me arising out of the Child's voluntary participation in this activity
and/or being transported to and from the activity. I(we) grant my(our) full and voluntary consent for the above-named
child to participate in the activity described above and to be transported to and from the activity.

I hereby consent to allow my child's picture or likeness to appear in any official document, Member website, sponsor
advertisement and/or Member produced television coverage of METRO PARKS TACOMA-sponsored recreational
activity without compensation to me.

YES [] NO [] (parent/guardian initials) _____.

I authorize any necessary emergency medical treatment that might be required for this child in the event of physical injury
and/or accident to this child while participating in this activity.

YES [] NO [] (Initial)_____

Printed name of Parent(s)/Legal Guardian(s) Date

Signature of Parent(s)/Legal Guardian(s) Email

Parent(s)/Legal Guardian(s) Address Phone

Child Participant Address (if different from above) Phone

Emergency Contact Name Phone