

Group Outing Liability Release Form

Name:

Street Address:

City/State/Zip Code:

Home Phone:

Cell Phone:

Emergency Contacts:

I understand that participation in group outings could include actions or tasks which might require the participant to be left alone or with other participants and that the participant in question is of sound mind and healthy faculty as to be engaged in such outings without presenting risk of harm to himself/herself or to others.

By signing below, I assume any risk of harm or injury which might occur to the participant due to his/her/my participation in the event or activity. I release the organization or business named above from all liability, costs and damages which might arise from participation in the above named event or activity.

I further provide my consent for the Topeka LULAC Senior Center to seek emergency treatment for the participant if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

I confirm that I have read, understand, and agree to the above. I understand that I must consult my physician before participating in any exercise or activity which may conflict with existing health conditions.

I do hereby waive, release, and discharge any and all liability from the LULAC Senior Center of Topeka, as well as any and all staff, elected/appointed officials, and volunteers for personal injury, property damage or theft, or actions of any kind which may hereafter accrue to me.

I do hereby waive, release, and discharge any and all liability from the LULAC Senior Center of Topeka, as well as any and all staff, board members, and volunteers for any claims made by other individuals or entities relating to my participation.

I freely sign and knowingly agree to the terms listed herein.

Participant/Guardian Signature:

Date:

Print Participant/Guardian Name:

Date:

Witness Signature:

Date:

Print Witness Name:

Date: