230 N. Bluff Street
PO Box 544 Lake City, CO 81235
(970) 944-2333
www.townoflakecity.co
benhake@townoflakecity.co

TOWN OF LAKE CITY

RELEASE OF ALL CLAIMS

_____
PRINTED NAME

_____
ADDRESS: CITY: STATE ZIP PHONE

- ☐ Bear Creek Trail - Hike
- ☐ Bocce Ball Tournament
- ☐ Bouncehouse/Climb wall
- ☐ Capitol City - Paintball
- ☐ Continental Reservoir - Fishing
- ☐ Cross Fit
- ☐ Deer Lakes - Fishing
- ☐ Denver - Eliches
- ☐ Disc Golf Tournament
- ☐ Grand Junction 07/06/2017
- ☐ Grand Junction 08/17/2017
- ☐ Kickball
- ☐ Kids Basketball
- ☐ Kids Gym
- ☐ Kids Night
- ☐ Kids Soccer
- ☐ Kids Tball
- ☐ Kids Track
- ☐ Magic
- ☐ Montrose - Swimming Pool
- ☐ Pagosa Springs - Hot springs
- ☐ Pee Wee Volleyball
- ☐ Pilates
- ☐ Sand Dunes - Camping
- ☐ Slip n Slide
- ☐ Softball Tournament
- ☐ Tai Chi
- ☐ Teen Center
- ☐ Teen Weightlifting
- ☐ Volleyball Camp
- ☐ Wolves from Wolfwood Refuge

I hereby release the Town of Lake City, their agents and employees from any and all claims for damages for death, personal injury or property damage which may hereafter occur to me (my minor child) as a result of participation in said activities or events. This release is intended to discharge the Town of Lake City, their respective agents and employees from and against any and all liability arising out of or connected in any way with participation in said activities or events, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents occasionally happen during the above activities and that participants in them occasionally sustain mortal or serious personal injuries and/or property damage as a consequence thereof. Knowing the risks of the above events or activities, nevertheless, I hereby agree to assume those risks and hold harmless all the persons and entities mentioned above who through their acts and/or omissions and/or negligence might otherwise be liable to me or my heirs and assigns for damage. It is further understood and agreed that this waiver,

_____
PARENT/GUARDIAN

_____
DATE

*Please mail to PO Box 544 or drop by Town Hall.