

**CITY OF UHRICHSVILLE – ACTIVITY PARTICIPATION AGREEMENT AND  
WAIVER OF LIABILITY – YOUTH**

*Event: Dog Days of Summer, Uhrichsville Waterpark, 08/31/2025*

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Child's Medical Information of Note (Allergies, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Responsible Parent/Guardian's Last Name: \_\_\_\_\_

Responsible Parent/Guardian's First Name: \_\_\_\_\_

Responsible Parent/Guardian's Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Additional Emergency Contact (First and Last Name): \_\_\_\_\_

Relationship To Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**AGREEMENT, WAIVER, AND RELEASE OF LIABILITY**

The undersigned is aware that there are risks of injury or serious injury involved in any recreational activity. Bearing that in mind, with full knowledge of the physical capabilities and/or limitations of my child/ward, I hereby agree to assume for my child all risk of any such injury. In consideration of my child/ward being permitted to participate in the event described above, sponsored by the City of Uhrichsville, I hereby for myself, my heirs, and my 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/ward's participation in the above-noted event at the Uhrichsville Waterpark. This release is intended to discharge in advance, to indemnify and hold harmless the City of Uhrichsville, its employees, officials, volunteers, and agents, from any and all liability arising out of or connected in any way, with my child/ward's participation in activities at the above event even though that liability may arise out of negligence on the part of these parties. I understand that if I am injured, Emergency Medical Services (EMS) will be called to administrate medical treatment and that I am financially responsible for all such treatment and related costs. I understand that should any injury occur to my child/ward I will be responsible for all medical treatment and other costs. I also agree that my child/ward shall abide by all rules set forth by the City of Uhrichsville pertaining to this event. 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. I further agree that if one part of this agreement is found to be null and void, all other parts stand separate and legal.

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_

Dated: \_\_\_\_\_