LIABILITY WAIVER
FOR ALL 2015 THERAPEUTIC RECREATION PROGRAMS

IN CONSIDERATION OF THE CITY OF LITTLE ROCK PARKS AND RECREATION ALLOWING ME (MY CHILD/CHILDREN) TO PARTICIPATE IN ANY THERAPEUTIC RECREATION PROGRAMS, AND BEING AWARE OF THE POSSIBLE INJURIES THAT COULD OCCUR TO ME (MY CHILD/CHILDREN) AS A RESULT OF THAT PARTICIPATION, I ON BEHALF OF MYSELF (MY MINOR CHILD/CHILDREN) RELEASE THE CITY OF LITTLE ROCK, ITS OFFICIALS, EMPLOYEES, AGENT, AND INSTRUCTORS/VOLUNTEERS FROM ANY AND ALL INJURIES AND DAMAGES WHATSOEVER ARISING FROM MY (MY CHILD/CHILDREN'S) PARTICIPATION IN THE EVENT.

I, MY HEIRS AND REPRESENTATIVES, AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS THE CITY OF LITTLE ROCK, ITS OFFICIALS, EMPLOYEES, AND AGENTS FROM ANY AND ALL CLAIMS MADE BY ME (MY CHILD/CHILDREN) OR MY INSURER FOR INJURIES OR DAMAGES RELATED TO THIS EVENT.

THE PARTICIPANT RECOGNIZES THAT ARKANSAS LAW HAS GRANTED CITIES IMMUNITY FROM LIABILITY FOR INJURY OR DAMAGE CAUSED BY THE NEGLIGENT ACTS OF ITS EMPLOYEES OR AGENTS AND UNDERSTANDS THAT THE CITY INTENDS TO CLAIM SUCH IMMUNITY IF LIABILITY CLAIMS ARE RAISED AGAINST IT IN CONNECTION WITH THE THERAPEUTIC RECREATION PROGRAM.

_____
DATE

_____
PLEASE PRINT PARTICIPANT'S NAME

_____
SIGNATURE OF PARTICIPANT
(IF OVER 18 YEARS OF AGE)

_____
SIGNATURE OF PARENT/ GUARDIAN (IF PARTICIPANT IS UNDER 18 YEARS OF AGE)
- OR- OTHER WITNESS (WHEN APPROPRIATE)