

**CITY OF GREEN RIVER, WYOMING  
PARKS AND RECREATION DEPARTMENT**



**WAIVER, ASSUMPTION OF RISK, AND  
RELEASE OF ALL CLAIMS FOR:**

PROGRAM/ACTIVITY: Green River Bike Park /Volunteer Service -  
Bike Park Building and Maintenance

LOCATION: Green River Bike Park, Stratton Myers Park Boat ramp road

DATE:     Ongoing          TIME: Dawn to Dusk

One waiver per participant must be provided to the Parks and Recreation Department before starting any volunteer work on the Bike Park.

**Please read this entire form carefully.**

1. **ACTIVITY AND ASSOCIATED RISKS:** As a participant in the activity, I recognize the program/activity is inherently hazardous, and acknowledge that there are certain risks of physical injury.

2. **ASSUMPTION OF THE RISKS AND RELEASE OF LIABILITY:** In consideration of participation in the above event, I hereby waive, release and discharge any and all claims for damages for death, bodily injury, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in this event. This release is intended to discharge in advance the City of Green River and its officers, contractors, agents, servants, volunteers and employees from and against any and all liability arising out of or connected in any way with my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the parties mentioned above I also understand that any equipment that I provide or may borrow from the City of Green River or any other provider, I use at my own risk and that any such equipment is provided without any warranty about its condition or suitability.

3. **INDEMNIFICATION, HOLD HARMLESS AND DEFENSE:** I further agree to indemnify and hold harmless and defend the City of Green River, its officers, contractors, agents, servants, volunteers and employees from any and all claims resulting from damages for death, bodily injury, personal injury or property damage sustained by myself or my minor child/ward arising out of, connected with, or in any way associated with the above named program/activity.

4. **MEDICAL TREATMENT:** In the event of any emergency, I authorize City officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

5. **AGREEMENT TO FOLLOW PROTOCOL:** I, and my minor child/ward agree to follow the directions provided to me/us, and specifically agree to follow the expressed protocol for construction and maintenance of dirt features including jumps, berms, rollers, etc. and for the usage and maintenance of all tools and equipment used onsite.

**6. USE OF MY AND/OR MY MINOR CHILD/CHILDREN LIKENESS:** I understand that during the program/activity I may be photographed or videotaped. To the fullest extent allowed by law, I waive all rights of publicity or privacy or pre-approval that I have for any such likeness of me and/or my minor child ward or use of my and/or my minor child/ward's name in connection with such likeness, and I grant to the City of Green River, its officers, contractors, agents, servants and employees permission to copyright, and publish (including by electronic means) such likeness of me and/or my minor child/ward, whether in whole or part, in any form, without restrictions, and for any purpose.

**I have fully read and understand the above named program/activity and the contents of this agreement.** No oral representatives, statement or other inducements to sign this release have been made apart from what is contained in this document.

**To express by understanding of this Waiver, I sign here.**

Name of Volunteer (Please Print): \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

**If volunteer is under the age of 18 (a minor), this Release and Waiver of Liability must also be signed by a parent or legal guardian.**

Name of Parent/Legal Guardian (Please Print): \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_