



Williamsburg Parks & Recreation

WALLER MILL PARK

PARENTAL WAIVER

Parent Name: _____

Child Name: _____

Address: _____

Phone (s): _____

Residency: James City County York Williamsburg Other: _____

Email: _____

By checking here [] your email will only be used for electronic notification from the City of Williamsburg

Lifejackets must be worn at all times while on a watercraft

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: I agree to assume responsibility for the inherent risks of the below listed activity including inherent risks not specifically identified. My child's participation in the activity is purely voluntary. I verify that my child is sufficiently physically fit and capable to participate in the activity. I assume full responsibility for my child, for any bodily injury, accident, illness, death, loss of personal property and expenses thereof resulting from inherent risks as my child participates in the activity. I elect to allow my child to participate in the activity notwithstanding the risks. I understand that my child is required to wear and I shall require my child to wear a Coast Guard approved personal flotation device (life jacket) at all times while participating in the activity.

RELEASE: In consideration of services or property received, I, for the children for whom I am parent, legal guardian or otherwise responsible, any of my or their heirs, personal representatives or assigns, agree that: the **City of Williamsburg, VA** its principals, agents, employees and volunteers, their insurers and each and every land-owner and municipal or governmental agency upon whose property the activity is conducted, and their insurers, if any, **SHALL HAVE NO LIABILITY FOR HARM TO MY CHILD** resulting from the inherent risks of the activity and for myself and on behalf of my child waive any claims against the above for any injury to persons or property related to my child's participation in such activity. I further understand that I am responsible to inspect all equipment for damage prior to my child's use. I agree to notify park employees of any damage to equipment prior to use. I understand that I am responsible for any damage caused to the equipment as a result of use by my child.

I HAVE READ THE ACKNOWLEDGEMENT OF RISKS, ASSUMPTION OF RISK AND RESPONSIBILITY, AND RELEASE OF LIABILITY. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM EXPRESSING MY INTENT TO WAIVE VALUABLE LEGAL RIGHTS I OR MY CHILD MAY HAVE NOW OR IN FUTURE AGAINST THE OWNER, THE OPERATOR NAMED ABOVE, OR THEIR EMPLOYEES, AGENTS, SERVANTS OR ASSIGNS.

ACTIVITY: WALLER MILL PARK CANOE, KAYAK & PEDAL BOAT

Parent's Name: _____ Child's Name: _____

Complete One: Scheduled Trip on: _____ Waiver for Season: _____

Parent Signature: _____ Date: _____