

WALL POLICE COASTER DERBY

RELEASE AND WAIVER OF LIABILITY

Participant's Name (Please Print): _____

Parent/Guardian Name (Please Print): _____

I the undersigned participant and parent/guardian of the above listed minor acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence, but action, inaction, or negligence of others, the rules of participation, or the condition of the premises or any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not sue the Township of Wall, the Wall Township Police Department, or the Glendola Fire Company, their directors, officers, employees, sponsors, volunteers, and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the event, which participation, after careful consideration I hereby authorize. I hereby give my consent to have an Emergency Medical Technician from the Wall Township Police Department or Wall First Aid Squad or associated personnel to provide the applicant/participant with medical assistance and/or treatment. I also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim, or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alteration without the express written consent of the Township of Wall or the Wall Township Police Department will cause the participant to be removed from this event.

Parent/Guardian Signature: _____

Participant's Signature: _____

Witness: _____

Date and Time: _____