



City of Pullman, Parks & Recreation

Pullman Recreation Center, 190 SE Crestview St, Bldg B Pullman, WA 99163
509-338-3227 recreation@pullman-wa.gov www.pullmanparksandrec.com

Field Trip for Parental/Guardian Assumption of Risk, Waiver, and Release

I (we) am/are the parent(s) or legal guardian of _____
(Child's Name)

who desires to be a participant in the City of Pullman Parks, Facilities, & Recreation sponsored recreational activity field trips which will include vehicular transportation being provided by the City.

It is important to me (us) that this child be allowed to participate in this activity. I (we) understand there are special dangers and risks inherent not only in this activity but in being transported by vehicle, including but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from the child's participation in this activity or being transported by vehicle to and from the activity. Being fully informed as to these risks and in consideration of City of Pullman Parks, Facilities, & Recreation allowing my child to participate in this sponsored activity and/or use of City of Pullman Parks, Facilities, & Recreation facilities and/or being transported I (we), on behalf of myself (ourselves) and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities, use of City of Pullman Parks, Facilities, & Recreation facilities and/or the providing of transportation to and from the activity. I (we) further agree, individually and on behalf of the above-named child, to release and hold harmless the City of Pullman Parks, Facilities, & Recreation, its officials, employees and agents and agree to waive any right of recovery that I (we) may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the Child's voluntary participation in this activity and/or being transported to and from the activity. I (we) grant my (our) full and voluntary consent for the above-named child to participate in the activity described above and to be transported to and from the activity.

Parent(s)/Guardian Printed Name(s)

Parent(s)/Guardian Signature(s)

Date

Parent(s)/Guardian Address

Phone

Child Participant Address

Phone