

**St. Charles County Parks Department  
Kinetic Park**

**Parent Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Known Medical Conditions/Allergies:** \_\_\_\_\_

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

**PARTICIPANT RELEASE – READ BEFORE SIGNING**

In consideration for being allowed to participate in any way in the St. Charles County Parks Department program, related events and activities, I, the undersigned, myself or on behalf of my child, acknowledge, appreciate and agree to the following:

1. The risk of injury from the activities involved in this program is significant, and includes the potential for permanent paralysis and death. While particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist.
2. I understand and anticipate that such risks may arise from the negligence of any participant, as well as from other foreseen or unforeseen causes. I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, AND I ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION OR THE PARTICIPATION OF MY CHILD.
3. I willingly agree that my child or I will comply with the stated and customary rules, terms and conditions for participation. I agree that if my child or I observe any unusual or significant hazard during participation, my child or I will immediately stop participation and bring such hazard to the attention of the nearest official. I, for myself or my child, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the St. Charles County Parks Department and the County of St. Charles, Missouri, their officers, officials, agents, employees, sponsors, sponsoring agencies, advertisers, and if applicable, owners and lessors of premises used to conduct the program or event (“Releases”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damages to person or property, WHETHER ARISING FROM NEGLIGENCE OR OTHERWISE, to the fullest extent permitted by law.
4. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT IT IS A CONTRACT AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN IT KNOWINGLY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.
5. I give my consent for St. Charles County to use the photographic likeness of me or my child in future print or electronic publications.

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY (UNDER AGE 18) AT TIME OF REGISTRATION  
(ALL PARENTS OR GUARDIANS MUST SIGN)**

This is to certify that I, as parent/guardian with legal responsibility for \_\_\_\_\_, this participant, do consent and agree to his/her release, as provided above, of all Releases; and on behalf of my child, my heirs, assigns, next of kin, and myself, I release and agree to indemnify and hold harmless the involvement or participation in these programs as provided above, to the fullest extent permitted by law.

In the event that my child, \_\_\_\_\_, is injured, becomes ill or needs medical attention for any reason, and I cannot be contacted, I authorize St. Charles County Parks Department personnel to call an ambulance service for the purpose of transporting my child to the hospital, doctor or medical facility as deemed necessary by Parks Department personnel, and I authorize any and all medical treatment for my child.

\_\_\_\_\_  
Parent/Guardian’s Printed Name

\_\_\_\_\_  
Participant’s Printed Name

\_\_\_\_\_  
Parent/Guardian’s Signature

\_\_\_\_\_  
Today’s Date

Staff Initials: \_\_\_\_\_