



County of Essex Department of Parks, Recreation & Cultural Affairs
WARNING, WAIVER, ASSUMPTION OF RISK AND RELEASE OF LIABILITY

DATE: _____

In consideration of being given permission to participate in the _____
_____ on (date[s]) _____

I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the County of Essex or the Essex County Department of Parks, Recreation & Cultural Affairs as a result of my participation in the activity. This release is intended to discharge the County, its trustees, officers, employees, commission members, and volunteers, and any public agencies from and against any and all liability arising out of or connected in any way with my participation in the activity. I further understand that accidents and injuries can arise out of the event; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who might otherwise be liable to me (or my heirs or assigns) for any loss or damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. It is the intention of the parties hereto that the provision of this paragraph be interpreted to impose on each party responsibility for their own negligence.

I acknowledge that I have been fully informed of the risks and dangers involved in this activity. I acknowledge that I have read, agree, and fully understand the above Warning, Waiver, Assumption of Risk and Release of Liability. I further acknowledge and agree that the reasons for my being requested to sign this Release have been fully explained to me and I understand them. If any provision, including any exception, part, phrase, or term, or the application thereof to any person or circumstance is held invalid, the application to other persons or circumstances shall not be affected thereby and the validity of this waiver in any and all other respects shall not be affected thereby.

I am signing this Release of my own free will and I have not been influenced or coerced by any representative or employee of the County of Essex or the Essex County Department of Parks, Recreation & Cultural Affairs **(Students/Volunteers under age eighteen must have the signature of their parent or legal guardian):**

SIGNATURE **DATE**
If signatory is less than 18 years of age, this must also be signed by a parent or guardian.

PARENT/GUARDIAN SIGNATURE **DATE**

WITNESS (Essex County Department of Parks, Recreation & Cultural Affairs) **DATE**

Please forward signed copies of this waiver form to:

Risk Management
Office of the County Administrator
Hall of Records – Room 510
465 Dr. Martin Luther King Jr. Blvd.
Newark, NJ 07102
Telephone: (973) 621-4427 Fax: (973) 621-6650