



Please fill out the following information and sign the liability waiver below. Thank you.

Participant: _____

Class: The Zone Adventure Day Camp

The City of Hillsboro is providing parks and recreation services to the named participant. In consideration of these services, the participant assumes all risks of personal injury, death and property damage resulting from the provision of these services by the City of Hillsboro and its agents. Participant releases The City of Hillsboro, its officers, agents, employees and volunteers from any liability to the participant for personal injury, death, or property damage arising out of the provision of these services to the participant. The City does not provide insurance coverage to the participant for this activity.

Participant

Date

(If minor) Parent/Guardian Signature

Date

PHOTO WAIVER

I authorize the City of Hillsboro Parks & Recreation to use my photograph/image for promotional efforts of the City of Hillsboro. Photographs/images may be used, without my notification, in publications such as newsletters, brochures and activity guides, display boards, and electronic or other media such as the Parks & Recreation website.

I acknowledge that all photographs/images become the property of the City of Hillsboro Parks & Recreation, and understand that this permission is granted without any expectation of compensation.

PRINTED NAME OF PERSON PHOTOGRAPHED: _____

SIGNATURE: _____ DATE: _____
(signature of parent or legal guardian)

PRINTED NAME OF PERSON SIGNING: _____
(if signed by a parent or guardian)

*Details of photo/photo number: _____