**General Liability Waiver for MINOR**

**Waiver Agreement:** I know that participation in this activity may result in serious injuries. I do hereby waive, absolve, release, indemnify, and agree to hold harmless Franklin Recreation, Town of Franklin & sponsors, supervisors or participants from any claim arising out of an injury sustained by my child whether the result of negligence or any other cause except to the extent and in the amount covered by accident or liability insurance.

**Medical Release Statement**: I give permission for proper emergency medical care to be provided to my child if necessary.

**Photograph/Video Agreement:** I give permission for the Town of Franklin/Franklin Recreation to use photos and/or videos of my child on their websites, flyers, etc. for promotion and/or publicity purposes only. \_\_\_\_(YES) \_\_\_\_(NO).... (if left unmarked we will assume YES).

**COVID-19 Attestation:** I have read Franklin Recreation’s COVID-19 Attestation Form, understand and agree with the information provided as a condition of participating in any Franklin Recreation activities.

My signature below indicates that I have read the above information and understand that I voluntarily assume all risks and agree to the content of this Disclosure and Release Form.

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_