



**Saturday, October 8, 2022**

**WAIVER AND RELEASE OF LIABILITY**

In consideration of my own or my child's participation in the West Des Moines Chamber of Commerce's (hereinafter referred to as "WDM Chamber") program, we hereby release the WDM Chamber, its officials, employees, representatives, and agents from any and all accidents, injuries, damages, or losses received by my child or myself through the WDM Chamber program that have not been caused by negligence attributable to the WDM Chamber. I also agree and acknowledge that the City is not responsible for any intentional or reckless actions of the City's officials, employees, representatives, and agents since those actions are the sole conduct of the responsible individual(s). I further agree and acknowledge that this release of liability is full, complete, and comprehensive, and it covers all accidents, injuries, damages, or losses, known or unknown, and any and all costs related thereto arising out of or otherwise related to my child's participation or my own participation in programs or activities, and that this release is binding upon our heirs, successors, and assigns. We certify that my child and/or myself has received a proper physical examination within the past year and that we are physically able to participate in all WDM Chamber activities. We understand that it is our obligation to timely inform WDM Chamber of any restrictions or limitations regarding our physical abilities. We also understand that it is our obligation to follow all regulations and rules set forth by WDM Chamber in the performance of the activities. We hereby release, indemnify, and hold harmless the WDM Chamber, its officials, employees, representatives, and agents from any and all claims, settlements, and judgments, including all reasonable investigative fees, attorney's fees, and court costs for any injury, damage, or loss, which is due to or arises in whole or in part due to negligent, reckless, or intentional actions taken by my child or by myself.

The event is "Participate at your own Risk".

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**PARENT/GUARDIAN NAME IF UNDER AGE 18:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_