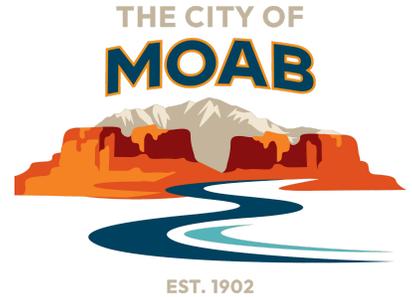




**The City of Moab
Sports and Recreation Department**

**217 E Center St
Moab, UT 84532
(435) 259-2255**



Moab City Recreation (MCR) - Youth Activity Registration Agreement

PARENT/GUARDIAN WAIVER AND RELEASE

By signing this agreement, the undersigned parent/guardian grants permission for their child (name listed above) to participate in the specified Moab City Recreation program.

ASSUMPTION OF RISK

I acknowledge and understand the inherent risks and hazards associated with sports and recreation activities. I confirm that my child is physically fit and capable of participating. I assume full responsibility for all risks related to my child's participation, including those resulting from the negligence of others.

WAIVER AND RELEASE OF LIABILITY

In exchange for my child's acceptance into the program, I, on behalf of myself, my child, and our legal representatives, hereby release and waive all claims for damages I or my child may have against the City of Moab, its employees, and any program volunteers. This includes any and all injuries suffered by me or my child during any activity sponsored by the City of Moab.

INSURANCE AND MEDICAL CARE

I understand that the City of Moab is not required to provide medical care to my child for injuries sustained during participation. I confirm that my child has insurance coverage, and I accept sole financial responsibility for all costs related to any injury resulting from this activity.

EMERGENCY CONTACT

I understand that in the event of an emergency, all reasonable efforts will be made to contact the parents or guardians listed.

ACKNOWLEDGEMENT AND CONSENT

I confirm that I have read and fully understand the terms of this waiver of liability and indemnification agreement. I recognize that I am voluntarily giving up certain legal rights and am signing this agreement freely for myself and, if applicable, for my minor children. My signature is intended to be a complete and unconditional release of all liability to the maximum extent permitted by Utah law.

_____ Full Printed Name(s) of Participant(s)

_____ Signature of Participant

_____ Date

_____ Full Printed Name of Guardian (if applicable)

_____ Signature of Guardian (if applicable)