

Aftermath Haunted House Volunteer Waiver



Cañon City Recreation District
575 Ash St.
Cañon City, CO 81212
719-275-1578

In consideration of your accepting me or my child's entry or participation, I hereby, for myself, my child, and my child's heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Cañon City Area Metropolitan Recreation and Park District, its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups, whether based on negligence or otherwise. I agree to indemnify the District (and its representatives, successors, and assigns) against any and all claims for such loss, damage, or injury. I also grant permission to the Recreation District to use any photographs taken during District Activities to be used for publicity purposes.

Name of Program: **"Aftermath Haunted House"**

Participant's Name: _____

Participant's Signature: _____

Participant's E-Mail Address: _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____

Contact Phone Number: _____

Date: _____

Please indicate with dates you will be available:

October 9th October 16th October 23rd October 30th