



**VIGO COUNTY
PARKS & RECREATION
DEPARTMENT**

VIGO COUNTY PARKS AND RECREATION DEPARTMENT
155 South Oak Street. Terre Haute, IN 47802
Telephone: (812) 462- 3392 Fax: (812) 232-2862

VOLUNTEER WAIVER, LIABILITY, & INDEMNIFICATION RELEASE FORM

Participants Name: _____ Date: _____

Organization: _____

Activity: _____ Park Location: _____

I am aware of the inherent risks and dangers associated with these activities. I voluntarily assume all risks and dangers associated with these activities, and I understand that it is not the function of Vigo County employees to serve as guardians of my safety.

For myself, my heirs, executors, and assigns, I release, discharge and acquit the County of Vigo or any of its employees or officers from any and all liability for damages of any nature whatsoever, whether foreseen or unforeseen, and including personal injury or death which may result from participating in these activities.

Further, in express consideration of my being permitted to participate in this volunteer activity, I hereby agree to save and hold harmless the County and all of its employees, offices, or agents from any claim for any damages of any nature, including for personal injury or death, made by me, my family, my estate, my heirs, or assigns arising out of my participation in these activities.

In consideration for my assumption of all risks and dangers associated with these activities and the release and discharge contained herein, the County of Vigo will permit me to participate in these activities.

I further certify that I am an ‘insured’ and ‘covered’ person under one or more individual or group health insurance policies which will provide benefits to me for any injury or damage which may befall me while I am pursuing these activities.

I further state that I am of lawful age and legally competent to sign this release; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document as my own free act.

CAUTION – THIS IS A FULL AND FINAL RELEASE! READ BEFORE SIGNING.

Name Printed: _____ Date: _____

Name Signed: _____