



## MONTH OF MIRACLES EVENT

### LIABILITY RELEASE

In consideration of the acceptance of my application for the above activity, I hereby waive, release and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said event. This release is intended to discharge in advance the CITY OF JACKSON, TN., its officers, employees or agents from liability, even though that liability may rise out of negligence or carelessness on the part of the persons or entities mentioned above.

It is understood that some activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Date: VOLUNTEER \_\_\_\_\_

#### **PARENTAL CONSENT (To be completed if applicant is under 18 years of age)**

**Minimum age requirement of volunteers is set at 12 years old and all volunteers under the age of 18 must be accompanied by an adult.**

I give my consent for my son/daughter \_\_\_\_\_ to participate in the above activity, and I execute the above liability release on his/her behalf.

Date: Parent Signature \_\_\_\_\_