



BOROUGH OF MONTVALE

Bergen County, New Jersey

PARTICIPANT WAIVER AND CONSENT

EVENT/ACTIVITY: _____

LOCATION: _____ DATE: _____

PARTICIPANT INFORMATION

LAST NAME: _____

FIRST NAME: _____

HOME ADDRESS: _____
(Street Address) (City) (State) (Zip Code)

EMAIL ADDRESS: _____ CELLPHONE: _____

EMERGENCY CONTACT INFORMATION

Please list two (2) Emergency Contacts in the order you would like us to follow:

1st EMERGENCY CONTACT: _____

RELATIONSHIP: _____ CELLPHONE: _____

2nd EMERGENCY CONTACT: _____

RELATIONSHIP: _____ CELLPHONE: _____

MEDICAL INFORMATION

LIST ALL KNOWN ALLERGIES

Some Examples include:

Food, Mold, Insects

SPECIAL NEEDS:

Some Examples Include:

Medical Devices (i.e., EpiPen)

Prescription / Allergy Medicine(s)

WAIVER & CONSENT:

By signing this Waiver and Consent, I understand and acknowledge that:

- I assume all risk to myself in participating in the above activity (hereinafter the "Activity").
- I further understand and acknowledge the Activity poses the risk of personal injury and that I undertake and assume this risk for myself.
- I further waive and release the Borough of Montvale and its respective Officials, Employees, Volunteers, Representatives and Agents (collectively, the "Entities") from any and all liability, for any injury or disability that may occur as a result of my participation in the Activity.
- I represent that I am physically fit and sufficiently prepared for participation in the activity and that I am not aware of any health-related reasons or issues that would preclude my participation in the activity. I have not been advised by any health professional that would limit me from participating in the activity.

I Agree to Defend, Hold Harmless, and Indemnify The Borough of Montvale, its Officers, Agents and Employees (collectively, the "Entities") From and Against All Losses, Claims, Damages, Costs or Expenses (including reasonable legal fees, or similar costs) in Connection with any action or claim brought or made (or threatened to be brought or made) For or on Account of Any Injuries or Damages Sustained by Me Arising During the Course of My Participation in the Activity.

ACKNOWLEDGEMENT & CERTIFICATION:

I certify that I have read this document, and I fully understand its contents. I am aware that by signing this Waiver and Consent, I am assuming any risk associated with participation in the Activity and that I am releasing and indemnifying the Entities from any and all liability related to or arising from my participation in the Activity. I am signing this Waiver and Consent of my own free will.

PRINT NAME

SIGNATURE

DATE

**THIS RELEASE IS EFFECTIVE FOR THE DURATION OF THE EVENT / PROGRAM
FROM THE DATE THIS PERMISSION SLIP IS EXECUTED.**