



208-382-5136

333 Kelly's Parkway, Cascade ID

info@cascaderec.org

Release of Liability & Consent

For and in consideration of my being allowed to participate at the Cascade Aquatic and Recreation Center, I do hereby release the Southern Valley County Recreation District (hereinafter "SVCRD"), a political subdivision of the State of Idaho, and any and all other officers, employees, volunteers, agents, insurers, directors and representatives or any entities and/or affiliated representatives from any and all civil liability and any injuries which may arise as a result of my participation.

I understand that there are many known and unknown dangers and/or risks associated with me participating in the program, activity, event, class, training, use of facility and pool, and machines and/or equipment, **including the fact that lifeguards may not be present.** I hereby grant a release to the SVCRD and all officers, employees, volunteers, directors, agents, representatives, instructors, insurers and any other individuals or entities affiliated with such persons and/or entities from any and all claims which can or may ever be asserted as a result of any injuries or damages, physical or mental, sustained by me while I am participating in any way, including my coming and going to and from the SVCRD site. I also consent to the capture of public images and media of myself, child, entrusted person and/or ward by the SVCRD at the facility, sponsored event or activities for use by the SVCRD at its sole discretion.

I have read the foregoing release and agree that the terms of this agreement comprise the complete terms of the binding agreement and that no modification of these terms is valid unless made in writing and signed by the authorized representatives of the parties.

Date _____ Signature of Participant(s) _____

Printed Name(s): _____

Parent, Caretaker and/or Guardian's Authorization and Release/Consent for Minor(s) or Incapacitated Person(s)

I, _____ (printed full name of parent/guardian/caretaker), am the parent, lawful guardian or authorized caretaker of

_____ (printed full name of minor/ward),

who is a participant and subject to the Release of Liability and Consent terms set forth above. I authorize this person to participate in this program, activity, event, class, training, use of facility, and/or use of machines and/or equipment with full agreement of the terms set forth in the Release of Liability & Consent stated above and join in said agreement as though I executed it myself. I agree that the terms of the agreement comprise the complete terms of the binding agreement upon me and the minor/incapacitated person(s). I agree that no modification of these terms is valid unless made in writing and signed by the authorized representatives of the parties.

Date _____ Signature of Parent/Guardian/Caretaker _____