



WAIVER

Parent Childcare Provider

Safety and Risk Management Office
890 N.C. 86 N., PO Box 429, Hillsborough, NC 27278
919-296-9447 | Fax: 919-241-4623
www.hillsboroughnc.gov

Name (please print): _____

Address: _____

Activity: Supervised art activity for children ages 4 to 12 during Engage Hillsborough: Safety event

Dates/Location of Activity: April 29/Whitted Human Services Center, 300 W. Tryon St.

I, the undersigned, agree to allow my child to participate in the supervised art activity provided by the Town of Hillsborough during the community meeting called Engage Hillsborough: Safety. I further understand and agree as follows:

1. The town will not provide insurance coverage for me or my children.
2. I know of no reason, medical or otherwise, that would prevent my child from safely participating in this volunteer art activity.
3. I assume all risks of my child participating in this activity and take full responsibility for my child's conduct and actions, including any injury to myself or others or damage to property that may result. And I understand that the town is not responsible for conditions which I create myself or those created by other volunteers or participants.
4. I — binding my heirs, executors, administrators and assigns — hereby agree to release, hold harmless and indemnify the town, its officers, officials, employees, agents and volunteers from and against all loss, damage, expense or cost (including attorney fees) of any kind for injuries (including property damage, personal injury, disability and death) arising out of this volunteer activity, whether caused by the negligence of the town or otherwise.

I (parent/legal guardian of participating children) have carefully read this release and understand and agree with all its terms and conditions.

Parent/legal guardian signature: _____ Date: _____

Town representative signature: _____ Date: _____