

Woodmen Hills Metro District Waiver
Balcon Park Field Use

Participant Name: _____ DOB: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____

Email: _____

Emergency Contact: _____

Emergency Phone: _____

Relationship to Participant: _____

Liability Waiver:

I, the undersigned, understand that participation in this program at Balcon Park at 9083 Kingston Heath Rd Peyton, CO 80831 may be injurious to my health. I am voluntarily participating in the program through Liberty Tree Academy.

Having such knowledge, I hereby acknowledge and release Woodmen Hills Metro District and any representatives or employees, from liability for accidental injury or illness which may occur as a result of participating in the said physical activity. I hereby assume all risks connected with and consent to participate in said program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program.

Signature: _____ Date:
