



## Release Agreement

I hereby, for my child, understand the risks involved with not leaving his/her epinephrine auto-injector at the program for which he/she is enrolled.

I hereby consent for my child to participate in activities and/or use the facilities of the Centerville-Washington Park District. I hereby release, indemnify, and hold harmless the Centerville-Washington Park District, its Commissioners, Agents, Employees and Assignees from any and all liability claims, actions, demands and judgments arising out of injury or loss sustained by my child while participating in activities or using facilities of the Centerville-Washington Park District.

---

Signature (parent or guardian if under age 18)

Date

---

Participant's Name

---

Parent or Guardian

---

Street

---

City, Zip

---

Event/Program