

**TOWN OF LAKE PLACID, FLORIDA
VOLUNTARY CONSENT RELEASE AND WAIVER OF LIABILITY**

This is in consideration of my participation in the:

(Event name) _____

sponsored by the:

(Event sponsors) _____

on (Day & Date of Event) _____.

I understand that there may be risks involved with my participation and activities in the above named event. I knowingly accept all risks and agree to relieve Town of Lake Placid, and all Town of Lake Placid employees, departments, representatives, assigns, and successors of any responsibility, liability, or cost for any accident or injury of any nature to me arising from my participation, including assuming any costs as a result of such accident or injury in connection with the activities associated with my participation.

I waive any and all claims I may have in the future, including claims of negligence and gross negligence as a result of my participation and give up and forever release my right to file any lawsuit against the Town of Lake Placid or any department or function of the Town of Lake Placid, involving any accident or injury to me resulting from my participation in any activity associated with the above named event.

I further understand that the Town of Lake Placid does not provide any insurance coverage for such program and I authorize medial treatment for myself, at my expense, if the need arises.

I am relying wholly upon my own judgment and knowledge of the circumstances involved in my participation in the above named event. I have had an opportunity to read the above consent and waiver release, and I fully understand it and execute it of my own free will and choice.

Print Name

Signature

Witness

Telephone number

Date signed