



**RELEASE AND WAIVER OF LIABILITY AND  
ASSUMPTION OF RISK AGREEMENT**

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ (“the minor”),  
for myself and on behalf of the minor:

1. Consent to the minor’s participation in the City of Concord’s Grad Nite Event (hereinafter “Event”), which shall take place on \_\_\_\_\_ at the City of Concord’s Centre Concord facility. The Event may include a dance, casino-style games, a health spa, videos, and the serving of food and beverages. While the Event is conducted at a City owned facility, it is neither sponsored nor supervised by the City;
2. Acknowledged that the minor and I fully understand that although one or more representatives of the City of Concord (hereinafter “City”) may be present at the Event (in a non-supervising capacity), and although the event will be supervised and attended by the parents of certain participants, serious accidents can and occasionally do occur during activities such as the Event. As such, the minor’s participation may involve risk of serious injury or death, including economic losses, which may result not only from the minor’s own actions, omissions, and negligence, but also from the actions, omissions, and negligence of others, the condition of the facilities equipment, or areas where the event or activity is being conducted, the rules of play, or this type of event or activity;
3. Assume any and all risks of personal injuries to the minor, and release, waive, discharge, and relinquish the City, its officers, agents, employees, and volunteers from any and all claims, liens, damages, lawsuits, or liability for property damage, injury or death, resulting from, arising out of, or in any way connected with the minor’s participation in the Event. I agree and acknowledge that this Release and Waiver of Liability/Assumption of Risk shall apply even in the even that negligent acts or omissions (other than sole, active negligence) on the part of the City, its officers, agents, employees, or volunteers may have caused or contributed to the death, injury or property damage;
4. Authorize the City to contact or employ a licensed physician to render any medical treatment that may be deemed necessary for the minor or to take and admit the minor to any hospital. If such medical treatment or hospitalization is required, I agree to pay all medical and hospital bills relating thereto, permanent or partial disability, or death and damages to the minor’s or my property caused by or arising from the minor’s participation in the event or activity;
5. Agree that photographs, pictures, slides, movies, or videos of the minor may be taken in connection with the minor’s participation in the Event without compensation from the City, and consent to the use of photographs, pictures, slides, movies or videos for any legal purpose;
6. Warrant that the minor has no physical condition that would prevent him/her from participation in the Event.

NOTICE: Each student will be subject to a pat down search and Breathalyzer test, before entering the event.

I HAVE READ THIS WAIVER AND RELEASE IN ITS ENTIRETY. I FULLY UNDERSTAND IT, AND RECOGNIZE THAT THIS WAIVER AND RELEASE IS A LEGALLY BINDING DOCUMENT. I UNDERSTAND THAT BY EXECUTING THIS WAIVER AND RELEASE, AM VOLUNTARY ASSUMING THE RISKS DESCRIBED HEREIN, AND WAIVING MY LEGAL RIGHTS ASSOCIATED THERewith, AND/OR THE RIGHTS OF THE MINOR ON WHOSE BEHALF THIS DOCUMENT IS EXECUTED.

Signature of Parent (If participant is 18 or more years old, he/she alone may sign this Release)

Date: \_\_\_\_\_