CITY OF SCOTTSDALE Parks & Recreation Department/ADULT Waiver for MMM:

In consideration of my entry being accepted in Mighty Mud Mania, sponsored by the Scottsdale Parks and Recreation Department on Saturday, June 6, 2015 at Chaparral Park, I the undersigned intending to be legally bound, do hereby, for myself, my heirs, my personal representatives and assigns, waive, release and forever discharge any and all rights and claims for damages which I may have or may hereafter accrue to me against the City of Scottsdale or their officers, agents, representatives, successors and/or assigns, or any other clubs, associations or sponsors, corporations or individuals associated with the City of Scottsdale for any and all damages, claims, injuries or actions sustained or suffered in connection with my association entry in or arising out of my participation in said events. Participants will get muddy in most activities. Park conditions will also be wet and slippery, which can result in falls and physical injury. I understand that Mighty Mud Mania includes a footrace with obstacles which will require running, jumping, bending, crawling, swinging, swimming, and being completely submerged in mud and water. Shoes and shirts are required in all Mighty Mud activities.

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MIGHTY MUD MANIA WAIVER

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

IN CASE OF EMERGENCY, contact:_____

In consideration of the agreement of the sponsors to permit me to participate in Mighty Mud Mania, I hereby release and agree to hold the sponsors harmless from any claims for personal injury or property damage occurring because of my participation in Mighty Mud Mania. I understand that physical injury may occur during participation in this program. By signing below I hereby release and agree to hold harmless the City of Scottsdale and its representatives to the fullest extent allowed by law from any and all claims for personal or bodily injury and property damage occurring or resulting from my participation. I agree that my physical condition is my responsibility and that I have full knowledge of the risks involved in these events, and that I am physically fit.

I hereby authorize the City of Scottsdale staff to obtain any needed medical assistance for myself in case of an emergency, illness, or accident. I understand that any resulting expenses or charges are my responsibility and I will pay them immediately, either directly or through personal insurance

Further, I grant permission to any and all of the foregoing to use my name and/or likeness of my participation in these events without obligation or liability to me. I also intend for my participation fee to benefit the City of Scottsdale Afterschool Programs Special Revenue Fund.

_____ _____ **6-6-15**

Printed name of Adult Participant Signature of Participant (**over age 18**) Date Event Date