



BOROUGH OF MAYWOOD
Maywood Wellness Challenge
PARTICIPANT AGREEMENT, WAIVER AND RELEASE FORM

(PLEASE PRINT CLEARLY)

Name: _____ Address: _____

Tel. #: _____ Unlisted? Yes No Date: _____

(If unlisted, phone number is exempt from public disclosure under the Open Public Records Act.)

E-Mail: _____

Emergency Contact: _____ Phone #: _____

In consideration of being permitted by the Borough of Maywood to participate in the Maywood Wellness Challenge, I hereby waive, release and discharge any and all claims for damage for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in Maywood Wellness Challenge activities. This release is intended to discharge the Borough of Maywood, its officers, employees and agents from any and all liability arising out of or connected in any way with my participation in Maywood Wellness Challenge activities even though that liability may arise out of negligence or carelessness on the part of those parties.

It is understood that activities such as the ones I will be participating in involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold harmless, the Borough of Maywood, its officers, employees and agents from any loss, liability, damage, cost or expense which they may incur as the result of my personal injury, death or property damage that I may sustain while participating in any Maywood Wellness Challenge activity.

I understand that by participating I consent to photo images taken by the Borough of Maywood during the Maywood Wellness Challenge to be used in any or all Borough of Maywood publications and websites.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE BOROUGH OF MAYWOOD AND I SIGN IT OF MY OWN FREE WILL.

 Witness' Signature

 Participant's Signature

 Witness' Name Printed

 Participant's Name Printed