

Waiver and Authorization: I hereby recognize and acknowledge that Syracuse City does not carry special health or accident insurance that would protect the participant in the event of accidental injury while participating in any program, facility, or park of Syracuse City. Any accident or injury shall be referred to my insurance carrier and I assume full responsibility for the same. I agree to personally assume all expenses associated with accidents or injury arising out of participating in activities offered by Syracuse City, and its parks. I hereby release and discharge Syracuse City, its governing officers, employees, staff or agents from all obligations, liabilities, claims, demands, costs and expenses, including attorney's fees, arising out of, or in connection with, any injury sustained by using the Syracuse City Parks/facilities.

I hereby have read the before statement along with the parks ordinance and agree to all terms and conditions, for the use of the Syracuse City Parks.

Signature: _____

Date: _____

FEE PAID _____	DATE _____	RECEIVED BY _____
RECEIPT # _____	<input type="checkbox"/> CHECK # _____	<input type="checkbox"/> CASH _____
PLEASE MAKE CHECKS PAYABLE TO: SYRACUSE CITY		