



CITY OF BEND

Release from Liability Agreement

In consideration of the right to participate in any way in City of Bend related events and activities, including **Bend Fire & Rescue's Camp Fire Axe**, I release the City of Bend, its officials and employees from any and all claims for damages and losses suffered by me, or my minor child, including any physical or emotional injury, or death which the minor(s) named below may suffer or for which he or she may be liable to others. I further agree to hold harmless, indemnify, and defend the City of Bend and its officers, employees, and agents from and against all claims, suits, actions, losses, damages, liabilities, costs, and expenses of any nature resulting from, arising out of, or related to the activities of or its officers, employees, or agents, or event participants in connection with the events or activities which are the subject of this agreement. This release applies to any activities arising out of, or in any way connected with, my/our participation in Camp Fire Axe.

I understand that there are certain risks inherent in this activity. I agree to assume those risks on my behalf or on the behalf of my minor child and to hold harmless, indemnify, and defend the City of Bend, its employees and agents. I waive all such claims I might otherwise have against the City of Bend for injuries or damages, regardless of negligence on the part of the City of Bend or any of its agents.

This release and indemnity agreement applies to all claims, suits, actions, losses, damages, liabilities, costs, and expenses of any nature resulting from, arising out of, or related to the activities of the City of Bend or its officers, employees, volunteers, agents, or event participants in connection with the events or activities which are the subject of this agreement.

In case of emergency, every attempt will be made to contact both the parents and the emergency contact number. However, should contact not be established, I give permission to the City of Bend to act in my child's best interest, regarding emergency care and or hospitalization.

Child's Name: _____ Birth Date: _____

Address: _____

City, State, Zip: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

The undersigned, by my signature below, signifies that I am executing this waiver and release as my free and voluntary act and deed.

Parent/Guardian Signature: _____ Date: _____