



35 Forest Ridge Road
Concord, MA 01742
Phone 978-287-7900
Fax 978-287-7901
Website: www.minutemanarc.org

MINUTE MAN ARC RECREATION PROGRAM PARTICIPATION WAIVER

I, the undersigned, hereby acknowledge that my participation, and/or the participation of my dependent(s), in the Minute Man Arc Recreation Program involves physical activity and may carry risks of injury. By signing this waiver, I agree to the following terms:

1. **Voluntary Participation**

I acknowledge that my participation, and/or the participation of my dependent(s), in the Minute Man Arc Recreation Program is voluntary and that I am aware of the physical demands of the program.

2. **Assumption of Risk**

I understand that there are inherent risks in physical activities, including, but not limited to, muscle strains, sprains, or other injuries. I assume full responsibility for any risks, injuries, or damages that may occur as a result of my participation, and/or the participation of my dependent(s), in the program.

3. **Health and Fitness**

I confirm that I, and/or my dependent(s), am/are physically capable of participating in the program and acknowledge that any known medical conditions or restrictions have been disclosed and considered.

4. **Release of Liability**

I, on behalf of myself, my dependent(s), my heirs, and assigns, hereby release, waive, and discharge Minute Man Arc, its employees, agents, volunteers, and affiliates from any and all claims, actions, or liabilities arising out of my participation, and/or the participation of my dependent(s), in the program.

5. **Emergency Treatment**

In case of injury or medical emergency, I give permission for the program organizers to administer first aid or seek medical treatment if necessary for myself and/or my dependent(s).

6. **Photo/Video Consent**

I consent to the use of any photos or videos taken during the program for promotional or educational purposes, including those involving my dependent(s).

By signing this waiver, I affirm that I have read, understand, and agree to the above terms for myself and/or my dependent(s). **This waiver expires June 30, 2027.**

Participant's Name: _____

Guardian's Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____