City of Raleigh Parks, Recreation and Cultural Resources Department
Commercial Use of Park Property Quarterly Use Report

Quarter Ending: **Date:**
Organization/Individual Name: **Time:**
CUP #:

I understand that participating in the this program and using the City's parks, facilities, trails and wetlands involves risk of injury or illness. These risks include, but are not limited to, exposure to biting insects and snakes (including venomous snakes), inclement weather, accidents while traveling, food related illness, equipment problems or failures, contact with and actions of other participants, spectators, and volunteers, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks.
By signing this form, I acknowledge all risks of injury, illness, death, and property damage, and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the supervisors of the program.
In return for the opportunity to participate in this program and to use the City's facilities and parks, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for thisd program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participation in the program. I also agree not to sue the City, its employees, or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program.

Name :	Address:	City:	State:	Signature

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