



1000 LAUREL STREET  
MILTON, WA 98354  
253-922-6586

RELEASE OF LIABILITY FORM

MILTON ACTIVITY CENTER

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

I, the undersigned participant, do hereby agree to indemnify and hold the City of Milton, its officials, employees and any other persons or organizations harmless from and against any and all liability for any injury or damages which may be suffered by the aforementioned individual arising out of – or any way connected with – participating in any sponsored activities. I understand that the participating agencies will provide no insurance. Furthermore, if I have any physical ailments or conditions which might affect my health by participating in the activity, I have consulted my personal physician or medical authority and received their approval to participate.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_