Wellington Recreation Commission Waiver Form

Name	Age
Address	
I, for myself, and legal guardian do hereby rel	ease and discharge
the Wellington Recreation Commission's	s Administrators,
directors, and officials from all claims of d	lamages, demands,
actions and causes of actions, whatsoever, in any	y manner arising or
growing out of participation in WRC activities	es and or events. I
certify that my child (under the age of 18) is in	good enough health
to sustain a rigorous exercise and release them to	o participate.
Signature (Parent or guardian if under 18)	Date