

# Saint Paul Police Foundation

## Participation Waiver

In consideration for participating in Holiday Lights in the Park, during \_\_\_\_\_ (Dates), I assume responsibility for all my actions while at the facilities, traveling to and/or from any such facility, or engaged in an activity under the supervision of my adult team leader, and/or Saint Paul Police Foundation staff and volunteers.

Furthermore, I release the Saint Paul Police Foundation, its Board of Directors and their officers, employees and agents and volunteers for any loss, personal injury, accident, misfortune or damage to myself or my property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of myself and my property.

\_\_\_\_\_

**Signature of Participant**

**Printed Name**

**Date**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_