TOWN OF WEST HARTFORD – WEST HARTFORD PUBLIC LIBRARY ASSUMPTION OF RISK AND INDEMNITY FORM – Wu Dang Kung Fu Academy Noah Webster Library – February 2024

	By affixing my signature below, I that I have read, understand and agree to the terms and condition resentations have been made to me regarding this agreement:	hereby s appearing below, and	
1.	I am voluntarily electing to participate in the sport of kung fu. I understand that I should not begin or continue participating in any physical activity program without first consulting with a qualified physician.		
2.	cknowledge and understand that there is an inherent risk in kung fu. I understand that I buld wear appropriate footwear and clothing for this activity and maintain proper dration.		
3.	<u>e</u>	understand that this risk includes, but is not limited to, dehydration, y from trips and falls, partial or total disability, paralysis, and death.	
4.	I hereby agree to hold the Town of West Hartford, its officials, officers, employees, contractors, agents and/or volunteers harmless from any personal injury including but not limited to: racing injuries, injuries from playing in a bounce house or being a spectator, paralysis, death, damages, property damage or wrongful death that may occur during my participation in any activities during "Wu Dang Kung Fu Academy" whenever or however they occur.		
5.	I hereby agree to indemnify, defend and hold harmless the Town of West Hartford, its officials, officers, employees, contractors, agents and/or volunteers from any personal injury, including, but not limited to: damages, property damage, death, paralysis, or wrongful death arising from, but not limited to, actions or omissions of my own, other participants, staff, spectators and/or anyone directly or indirectly involved who may be present at or near the Noah Webster Library Meeting Room.		
up, to t	I have affixed my signature freely and voluntarily below and unche greatest extent allowed by law, substantial rights by signing the		
		/ /	
	Print Child's Name	D.O.B	
	Parent Signature	Date	
	Address (street, town, state, zip)		
	Cell Phone#		