

**Hold Harmless Agreement / Waiver of Liability
City of Gresham**

I hereby release and hold harmless City of Gresham, its directors, regents/trustees, agents, and employees; and in its separate and distinct capacity, the City of Gresham, and its elected officials, agents, and employees from liability for any and all claims, liability, damage, loss, cost or expense for any personal injuries I may sustain as a result of my participation in the Rockwood Skills Challenge at Vance Park 1300 SE 182nd Ave Portland OR, 97233, and any equipment used or located within the grounds or in its parking lot.

I hereby agree to assume all risk of injury and loss that may arise as a result of participating in the activity, and further agree to hold harmless City of Gresham, its directors, regents/trustees, agents, and employees; and the City of Gresham and its elected officials, agents, and employees, for any injury or loss that arises as a direct or indirect result of any act or omission of any third party.

All photographs or videos taken during the Rockwood Skills Challenge may be used for educational, informational, promotional, and public relations media published by the City of Gresham. These media publications may include, but are not limited to, the City newsletter GRESHAM, the City's web pages, other City publications, and the news media. Photographs or videos will not be sold for the purpose of monetary gain by the photographer and/or the City of Gresham.

I understand that the activity is not required.

Name of Participant: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact Name and Phone: _____

I HAVE CAREFULLY READ AND UNDERSTAND THE ABOVE RELEASE.

Signature of Participant: _____

**THIS PARENTAL ENDORSEMENT MUST BE COMPLETED
IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE**

I have read and understand the above HOLD HARMLESS AGREEMENT/ WAIVER OF LIABILITY and agree to its provisions as they apply to my child and also agree to be fully bound by them. I certify that my child is physically capable and medically able to participate in these activities.

Parent/Guardian Name (Print Name): _____

Parent/Guardian Signature: _____