

Liability Release Form

Town of Franklin, Franklin County NY

Pumpkin Heave Competition

Participant's Name

I understand that participation in the above Activity or Event may be hazardous for the above-named participant.

In signing below, I assume risk of harm or injury which may occur to the participant as a result of participating in the above-named event or activity. I hereby release The Town of Franklin and its officers, employees, or agents from any liability, costs and damages resulting this individual's participation.

If the participant is a minor:

I agree that the minor has my consent to participate in the event or activity.

I also give my consent for the business or organization to seek emergency treatment for the minor if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

_____/_____
Participant's signature / Date

Name of Parent or Guardian

_____/_____
Signature of Parent/Guardian / Date