

JEFFREY M. LANIGAN
Mayor



DEPARTMENT OF PARKS & RECREATION
ROME CITY HALL, 198 N. WASHINGTON STREET, ROME, NEW YORK 13440-5815
Telephone: (315) 339-7656 Fax: (315) 838-1161; www.romenewyork.com

PERMISSION/WAIVER & RELEASE FORM

Release executed on _____, 2025, by _____
(parent or guardian), of the City of Rome, County of Oneida, State of New York herein referred to as releaser, to THE CITY OF ROME, NEW YORK, AND THE STATE OF NEW YORK, THEIR AGENTS/OFFICERS, AND EMPLOYEES, herein referred to as releasee. I, releaser being of lawful age, in consideration of my child _____ being permitted to participate in a program sponsored in whole or part by the City of Rome Department of Recreation to be located at various parks, facilities, and locations, do to myself, my heirs, executors, administrators and assigns, hereby release and forever discharge THE CITY OF ROME, NEW YORK, AND THE STATE OF NEW YORK, THEIR AGENTS, OFFICERS, COACHES, VOLUNTEERS, AND EMPLOYEES, the ROME CITY SCHOOL DISTRICT – and its agencies and employees, from any and every claim, demand action or right of action of whatever kind of nature, either in law or in equity arising from or by reason of any bodily illness or personal injuries known or unknown, death or property damage resulting or to result from participation in said league and use of said site, whether by negligence or not. Such release is given as consideration for the privilege and right given me to participate in the activities, leagues, and programs and in the participation and use of such facilities.

I further attest to the fact that my child _____ is physically fit, and physically able to participate in such activities and that he/she has no condition- either medical or otherwise - which would render his/her participation in the Recreation Department program, activities, games, practices, meetings, or other events, unsafe to her/him. Likewise, I attest that my child understands – or has the capacity to understand – any and all program or facility rules or safety guidelines and that he/she will abide by these guidelines. I further certify that my child is up-to-date on any and all vaccinations.

I certify that I am familiar with the activities to which I am properly enrolled in or registered for that are offered either in whole or part by the City of Rome Department of Parks & Recreation and give my full permission for my child _____ to participate in this recreation program and/or activity. I further certify that I am fully aware of, and agree, to assume all of the risks associated with participation in a sport, recreation program and/or physical activity she/he will participate in. I am aware that any physical sports or recreational activity or program carries with it certain risks, including the risk of serious personal injury, paralysis, loss of limb, loss of vision or other sense(s), broken bones, injured muscles or other bodily systems and even death. Furthermore, as the parent/guardian of the above named minor, I hereby give my consent for emergency medical care or treatment by a duly licensed medical professional or duly licensed emergency medical technician. This care may be given under whatever conditions are necessary to preserve life, limb, or the well being of my child or other dependent. This release contains the entire agreement between the parties hereto and the terms of this release are contracted and not a mere recital. Releaser further states (s)he has carefully read the fore-going release and knows the contents thereof and signs this release as his/her own free act. Likewise, the releaser further states that he/she understands all aspects of this instrument and that the signature below is a full and conscious act and not a mere formality. IN WITNESS WHEREOF, releaser has executed this release at ROME, NEW YORK, the day and year first written above.

Parent/Guardian Signature

Date