

**COLUMBUS PARKS AND RECREATION DEPARTMENT
SENIOR DIVISION
WAVIER STATEMENT**

I _____ named participant (s) for the designated Senior Center, do hereby give my approval to participate in any and all planned activities during the course of the Program. I do further agree to indemnify, save and hold harmless the Columbus Consolidated Government, its Agents, Employees, Directors, Council and Elected Officials against loss or expense for damages because of bodily injury or property damage sustained by any person or persons during the designated Senior Section Program.

**THE COLUMBUS PARKS AND RECREATION DEPARTMENT DOES NOT
PROVIDE INSURANCE FOR ITS PARTICIPATANTS. INSURANCE IS THE
SOLE RESPONSIBILITY OF THE MEMBERS.**

Signature

Date Signed

MEMBER'S RESPONSIBILITIES

1. Senior staff will first attempt to contact my spouse. If the emergency is such that immediate medical attention is necessary, the Senior Section Staff will contact EMS and may have the member transported by medical authorities to a hospital or medical care facility. I will be responsible for all costs incurred.