

**WASHINGTON COUNTY PARKS, OREGON
WAIVER AND RELEASE OF LIABILITY
AND HOLD HARMLESS AGREEMENT**



Read this document completely before signing. Its effect is to release the Washington County, Oregon and its representatives from any liability resulting from your participation or your minor child's participation in Activity (defined below) and to waive all claims for damages or losses against Washington County and its representatives that may arise from such participation.

I, _____, residing at _____, hereby forever waive, release, and discharge Washington County and its Board of County Commissioners, officers, agents, employees, volunteers, representatives, officials, and any other persons or entities acting on its behalf, (collectively, the "Released Parties") from any and all liability, claims, demands, actions, expenses (including attorney fees), damages, judgments, liabilities, and causes of action whatsoever, known or unknown (together, "Claims") arising from or related to my or my child's participation in the Activity, whether the Claims arise from the negligence of the Released Parties, including without limitation Claims for or related to my or my child's death, disability, personal injury, property damage, property theft, or actions or injury of any kind which may occur to me or my child(ren) arising out of any activities or use of an inflatable jumper on:

This Waiver and Release is for:

_____ , for participation in _____ (the "Activity").
date(s) activity name

I agree that I will be solely responsible for any costs arising out of any bodily injury or property damage sustained through my or my child(ren)'s participation in the Activities. The release and waiver provided herein do not apply in cases of the Released Parties' gross negligence or willful misconduct.

I hereby agree to indemnify and hold harmless the Released Parties from, for, and against any and all claims, suits, actions, losses, liabilities, awards, damages, expenses, and costs of every kind and description, including but not limited to experts' and attorneys' fees, arising out of or related to the Activity, including but not limited to death, property damage, personal injury, or violation of law or regulation and not caused solely by a wrongful act of the Released Parties.

I acknowledge that this Release will be governed by and construed in accordance with the laws of the state of Oregon without regard to conflict-of-law principles, and that if any of its provisions are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provisions shall be deemed modified to the limited extent required to permit enforcement of the Release as a whole. I have read this agreement carefully and know and understand its terms. I have informed myself as to the level of supervision and control and the type of medical services that will be available.

By my signature I certify that I am 18 years of age or older or am the parent or legal guardian of the applicant and make these representations on behalf of my child or ward.

(Signature of Applicant/Parent or Guardian)

(Date)

(Name of Participant, if different)

(Date)