



Waiver and Release of Liability Immunization

Due to our conscientiously held beliefs, we have chosen not to vaccinate our child. We are fully aware we carry the full responsibility for any contact he/she may have that might put his/her health at risk for any Three Rivers Park District events.

By signing below I,

agree to Waive and Release of any and all liability for Three Rivers Park District. I agree to forever release and discharge Three Rivers Park District and its' employees and volunteers from any and all liability, claims, actions, rights of actions, damages, and expenses, including attorney expenses, arising out of or resulting from any injury, disease, or death.

By signing this agreement, I have read and understand the terms of this agreement.

Child's Name

Parent/Guardian Signature

Printed Name

Date