

**Mattie Williams Neighborhood Family Center
Gobble Wobble Release & Waiver**

I/WE, the undersigned, hereby give permission for MYSELF and/or FAMILY to participate in the Gobble Wobble event conducted by the Mattie Williams Neighborhood Family Center on Thanksgiving Day 2019. I/We realize that the Mattie Williams Neighborhood Family Center carries no medical insurance covering participation in this event.

I/We agree to release the Mattie Williams Neighborhood Family Center from any liability of any kind for any and all damages arising out of any loss or injury resulting from me or my/our child's participating in this event conducted by the Mattie Williams Neighborhood Family Center including, but not limited to, use of any facilities or equipment made available by the City of Safety Harbor or the Mattie Williams Neighborhood Family Center. This release includes a release for any and all losses or injury arising out of any act or omission or negligence of the Mattie Williams Neighborhood Family Center, its agents, employees, or activity supervisors specifically concerning or arising out of the Mattie Williams Neighborhood Family Center's activity including, but not limited to emergency transportation on and/or any decision by the staff to have myself/my family/my child transported to a medical treatment facility. I/We understand and acknowledge that this Release covers this event on Thanksgiving Day 2019.

I/We hereby further give consent to the use of any photographs taken by the Mattie Williams Neighborhood Family Center, its employees, agents, assigns of myself or my children during participation in this event. I/We agree such photographs shall be the sole property of the Mattie Williams Neighborhood Family Center and neither myself or the individual(s) on whose behalf this consent is signed are entitled to compensation of any kind for the use of such photographs by the Center.

By signing below, I/WE represent that I/WE have read this release and waiver and am executing this release of MY/OUR own free act and will.

Signature (Self, Parent or Guardian)

Date

Printed Parent Name

Child's Name

Address

Child's Name

City

Child's Name

Phone

Emergency Name

Phone Number