TOWN OF WINDSOR
VOLUNTEER WAIVER OF LIABILITY, MEDICAL RELEASE, AND PHOTO CONSENT

Activity or Event Name: _____

In consideration of being allowed to participate in the above activity sponsored by the **Town of Windsor**, I hereby agree to the following:

1. **Waiver and Release:** I voluntarily release and hold harmless the Town of Windsor, its officers, officials, employees, agents, and volunteers from any and all liability, claims, or causes of action for personal injury, death, or property damage arising out of or in connection with my participation, even if caused by negligence.

2. **Assumption of Risk:** I understand that participation in this activity may involve physical exertion, interaction with equipment or tools, exposure to outdoor elements, transportation to and from activity sites, and other potential hazards, including but not limited to slips, trips, falls, insect bites, heat-related illness, or contact with hazardous materials. I acknowledge that these risks may result in personal injury, illness, property damage, or even death. I voluntarily assume all such risks, whether foreseen or unforeseen, that may arise from my participation.

3. **Medical Treatment:** I authorize the Town to seek emergency medical treatment on my behalf if necessary and agree to be responsible for any resulting costs.

4. **Indemnification:** I agree to indemnify and hold harmless the Town of Windsor from any claims or liabilities resulting from my participation.

5. **Photo Release (Optional):**
   ☐ I give permission for the Town of Windsor to photograph or video me during this activity and to use such images for promotional or informational purposes, including print, online, and social media.

   ☐ I do **not** give permission to be photographed or recorded.

I have read and understand this waiver and sign it voluntarily. If under 18, parent/guardian signature required.

Participant Name: _____

Signature: _____ **DOB:**_____

Address: _____ **Phone:** _____

Email: _____ **Date:**_____