



Company Name: \_\_\_\_\_

**Waiver must be signed once per year by each participant / instructor.**

**BY AFFIXING MY SIGNATURE BELOW, I HEREBY STATE THAT I HAVE READ AND UNDERSTAND THE FOLOWING:**

*I hereby for myself, my child, my heirs, executors, administrators and assigns, waive, release and discharge the City of North Myrtle Beach, its employees, elected officials, agents and assigns from any and all claims, losses, causes of action, including but not limited to, death, personal injury, illness (ex. Communicable diseases such as MRSA, influenza and COVID-19) and/or property damage, whether or not caused by the negligence of the releases, arising out of my participation in any program or use of the facilities or equipment approved by the City of North Myrtle Beach. I am aware that there are risks associated with participation in programs and/or with the use of the facilities and equipment and **I ASSUME ALL RISKS** for any injury, including death, or property damage, including those injuries arising from the negligence of the releases, while on the premises, using equipment and/or participating in any program approved by the City of North Myrtle Beach.*

	Signature	Print Name	Date of Signature
	Tammy Miller	Tammy Miller	3/1/2023
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