

Town of Queen Creek Senior Program 2024-2025 Educational Seminar Form

SPEAKER INFORMATION:				REQUIRED
Name:		Business Name:		
Address:				
City:		State / Zip:		
Phone:		Mobile Phone:		
Email:				

PRESENTATION INFORMATION:				REQUIRED
Day of presentation will be on Wednesday's only – approximate time 10 to 11 a.m.				
Seminar Name:				
Seminar Description:				
Length of Program:		Does this include question/answer period?	Yes	No
Any Additional Comments/Notes:				

APPLICATION AGREEMENT:				REQUIRED
I have reviewed Educational Seminar Proposal Guidelines and agree to forward them to the appropriate individuals.				
Participant's Printed Name:				
Participant's Signature:		Date:		
My organization would be interested in sponsorship or advertising opportunities.			Yes	No

OFFICE USE ONLY:							
Date Collected:		Date Contacted:		Date Confirmed:		Date Scheduled:	
Initials:		Initials:		Initials:		Initials:	

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REC LIABILITY WAIVER:

1. **Assumption of Risk:** I acknowledge that participation in the Program involves risk (both known and unknown) of physical injury, mental stress, and damage or destruction of personal property. I agree to assume all risks associated with the Program, including risk of equipment malfunction, defect in design, as well as those risks arising from improper or negligent operation or use of equipment or any implementation or supervision of Program activities.
2. **Medical Condition:** I represent and warrant that Participant has no physical or mental infirmity or condition which will prevent Participant from Participation or creates additional risk through Participation. I agree that it is my responsibility to stop my participation if I have any indication that it might be unsafe or detrimental to my wellbeing. I agree to notify Town immediately of any problems encountered while participating in the Program.
3. **Release and Waiver.** I hereby release and waive any claims that I may have against the Town, its officers, volunteers, officials, employees, agents, and elected officials (collectively, the “Town Parties”) for any physical injury, death or property damage I experience arising out of participating in the Program, including claims based in negligence.
4. **Indemnification:** I do hereby, for myself, my heirs, executors and assigns, agree to indemnify and hold harmless the Town, its employees, volunteers, officials, agents and elected officials, from any and all liability for any damage or injury which may occur or result, regardless of the cause, from my participation in the Program, including without limitation for injury, death, damage, and/or other liability of any nature arising out of or relating to the Program. This release of liability and agreement shall apply to any claim, demand, suit or right of action that might accrue to myself, my heirs, and my personal representatives, including claims of negligence. I agree to participate in the Program with full knowledge of the conditions contained herein. I agree not to seek contribution or indemnification from the Town or Town Parties if I am sued by any party in connection with my participation in the Program.
5. **Images & Recordings:** I consent to the unrestricted use of my image and/or my name, in connection with the Program or any person authorized by the Town, including, without limitation, any photographs, audio or video recordings, interviews, videotapes, or motion pictures whether for television, radio, internet, or print media.
6. **Consent of Parent/Guardian:** (If Participant is a minor) The undersigned is the parent or legal guardian (“Parent/Guardian”) of the Participant. Parent/Guardian consents that the Participant may participate in the League and hereby executes this Waiver and Release on his/her behalf. Parent/Guardian affirmatively states that Participant complies with any and all requirements for participation in the League. Parent/Guardian agree to hold the Town and Town Parties free and harmless from any loss, liability, damage, cost, or expense that they may incur as a result of the death, injury or property damage that Participant or the undersigned may sustain from participation in the Program.

AGREEMENT OF THE WAIVER:

REQUIRED

Participant’s Printed Name:

Participant’s Signature:

Date: