WAIVER OF LIABILITY, ASSUMPTION OF RISK OF WASHOE COUNTY AND ITS EMPLOYEES

I, (Name)		
Minor Name(s) If applicable		
hereby waive and release the County of liability which may occur during my pa	of Washoe, their agents or employees, forticipation in the	rom any and all
or by virtue of and resulting there from danger known to me and knowingly w	uch liability arises during my participatin. I assume all those possible risks of havaive and relinquish the County of Wash hether personal injury or property damapal theory.	arm, injury or noe and its
Signature	Date	
Witness	Date	
If under age 18 and still in school, a par	rent/legal guardian must also sign.	
Parent/Legal Guardian Signature		