

**TOWN OF WHITINGHAM  
OLD HOME WEEK CELEBRATION ACTIVITIES 2026  
EXPRESS ASSUMPTION OF THE RISKS**

Printed Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

AGREEMENT ("AGREEMENT") IN CONSIDERATION of being permitted to participate in the OLD HOME WEEK ACTIVITIES ("Activity") I, for myself and for my minor child(ren) my personal representatives, assigns, heirs, and next of kin: 1. ACKNOWLEDGE, agree, and represent that I understand the nature of ANY AND ALL OLD HOME WEEK related Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activities. I further agree and warrant that if at any time I believe conditions to be unsafe for me or my minor child(ren), I will immediately discontinue my or my child(ren)'s further participation. I agree and understand I am participating and/or volunteering with Old Home Week on my own decision, voluntarily. 2. I FULLY UNDERSTAND THAT OLD HOME WEEK ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH for myself or my minor child(ren) ("RISKS"); (b) these Risks and dangers may be caused by my own or my child(ren)'s actions or inaction's, the actions or inaction's of others or the conditions in which the Activity takes place; (c) I for myself and my minor child(ren) assume and accept any risks of participating in Old Home Week and all activities.

Signature of Participant (only if age 18 or over):

\_\_\_\_\_ Date: \_\_\_\_\_

**MINOR RELEASE** (must be completed for participants under age 18)

I, THE MINOR'S PARENT AND/OR GUARDIAN, UNDERSTAND THE NATURE OF OLD HOME WEEK ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I fully understand the risks associated with the activity (as described above) and allow the minor's participation.

Printed Name of Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Parent(s): \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Minor(s) under the age of 18

\_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_