

WALK WAIVER

(Waivers for Participants who walk to and/or from program)

I, _____, give my child, _____, permission to walk to and from the _____ program. I understand my child will not be supervised on his/her walk to the program or home.

Waiver & Release: I the undersigned, in consideration of participation in the activity listed above agree to indemnify and hold harmless the City of Antioch agents and its employees from any and all liability for any injury suffered by the above named participant arising out of or in any way connected with participation in the activity.

Locations (Check all that apply):

- Antioch Community Center, 4703 Lone Tree Way Antioch, CA 94531
- Antioch Senior Center, 415 W. 2nd Street Antioch CA 94509

Dates (Check all that apply):

- All Program Dates: **June 23, 2025 - August 1, 2025**
- One Program Day: _____
- Multiple Program Dates: _____

Parent or Guardian Name (Printed):

Parent or Guardian Signature:

Date: