

**City of Holbrook**  
**O'Dell Hidden Cove Park Tour Waiver**

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

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby release from liability, discharge, hold harmless, and relinquish and waive any liability of the City of Holbrook and their employees, agents, volunteers, and representatives, and I hereby assume the risk for any physical or mental injury, aggravation of any pre-existing illness or condition, permanent disability or death, property damage or other loss that may be sustained by me by participating in the tour.

I acknowledge that I have carefully read, understand, and agree to the terms stated above:

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

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