

EXHIBIT C

PARTICIPANT WAIVER OF CLAIM FORM

As partial consideration for _____ (Vendor) providing
_____ (“Participant”) with the opportunity to participate in the
_____ (“Program”) I, _____, as parent or
guardian of Participant, on his or her behalf and on my own behalf and that of my spouse or partner, agree to
hereby 1) acknowledge that there are foreseeable and unknown risks inherent in participation in the Program, 2)
release, indemnify and hold harmless the Borough of Roseland, its officials, departments, employees, volunteers,
contractors, insurers, including the NJIIF and (_____) VENDOR NAME IF ONE
IS INVOLVED), its owners, employees, volunteers and subcontractors from and against all claims, losses, costs
and damages arising from _____ participation in the Program, and 3) agree
that for any loss or damage suffered by Participant will be turned over to _____ RELEASOR
NAME’S insurance company. I also represent that _____ has been cleared by
his/her physician to participate in the Program. If a medical emergency should arise and RELEASOR NAME
cannot be reached immediately at home (_____), at work (_____), at the
emergency phone number (_____) or via cell phone (_____), RELEASOR
NAME hereby grants medical personnel to take whatever means he or she deems necessary to safeguard the
welfare of the Participant.

Print Participants Name Street Address City State

Print Parent or Guardian Name

Signature Parent or Guardian

Date