

## HENRY COUNTY PARKS & RECREATION PROGRAM REGISTRATION FORM

●Only one household per form●

Adult, Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Email Address \_\_\_\_\_

Payment Method:    Cash        Check        Money Order

All fees are payable at the Henry County Recreation Office, in full, in advance of the program.

Course Number	Activity Name	Location	Participant's Name	Sex M/F	Date of Birth	Program Fee

### Assumption of Risk and Release

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in our programs that you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program.

In consideration of myself or above named minor (s) being permitted to enroll and participate in the following activities, I hereby agree to:

1. Assume all risks of this activity and understand that such activity is subject to mishap and even injury. I understand that I could suffer broken limbs, paralysis, or other serious injury or death as a result of participating in this activity.
2. Attend program pre-meeting (s) when offered, as required to learn specific program safety procedures.
3. Grant permission to transport said participant (s) to and from said activity when required and hold harmless those assigned to transport.
4. Allow transportation of said participant (s) to the nearest physician for medical treatment and agree to allow for immediate first aid to the injured said participant (s) when deemed necessary.
5. Wear proper clothing and protective equipment during said program and will act in a safe and responsible manner so as not to endanger the lives of persons or property of any other individual.
6. Indemnify and hold harmless the County of Henry, its officers/officials, agents, instructors, employees and volunteers from any and all claims, damages, losses and expenses including attorneys fees for any harm, injury, damage or loss which may be sustained by the participant (s) arising out of or resulting from participating in this (these) activity (activities).
7. In instances where a Parks & Recreation staff photographer engages in taking pictures of said activity (activities), I give to the County of Henry, its nominees, agents and assigns unlimited permission to use, publish and republish for purposes of advertising and trade and for such use as it may determine, information and reproductions of my likeness (photographic or otherwise), and/or that of my minor/ward, with or without identification of me and/or my minor/ward by name.
8. Allow the individual (s) named herein to participate in the aforementioned activity (activities) if the participant is under 18 years of age.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or legal guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Medical Consideration

I understand that participation in this (these) activity (activities) is, by nature, physically demanding. Therefore, the participant (s) must be free of medical or physical conditions that might create undue risk to themselves or others that might depend on them.

1. What medications, if any, does the participant (s) take at this time? \_\_\_\_\_
2. What allergies, if any, does the participant (s) have at this time? \_\_\_\_\_
3. (Emergency Contact) : \_\_\_\_\_ 1<sup>st</sup> phone: \_\_\_\_\_ 2<sup>nd</sup> phone: \_\_\_\_\_