

Putnam County Parks and Recreation Department

Youth Activity Registration Form

Participant's Name: _____ Program/Activity: _____

Male _____ Female _____ Date of Birth: _____ Age: _____ Birth Certificate on File: (Y) (N)

Participant's School: _____ Current Grade Level: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Family E-Mail Address: _____

Jersey/Shirt Size: YS YM YL AS AM AL AXL
(Please circle participant's jersey/shirt)

In return for my child ("Participant") being allowed to participate in the program (the "Program") sponsored by Putnam County Parks and Recreation, I release and agree not to sue the Putnam County Parks and Recreation, Putnam County Board of Commissioners, and their employees, sub-contractors, sponsors, agents, and affiliates from all present and future claims that may be made by the Participant or me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of the Participant's participation in the Program and caused by the ordinary negligence of the parties listed above, wherever, whenever, or however the same may occur. I understand and agree that those listed above are not responsible for any injury or property damage arising out of the Program, even if caused by their ordinary negligence. I understand that participation in the Program involves certain risks, including, but not limited to, serious injury. I am voluntarily allowing Participant to participate in the Program with knowledge of the danger involved and agree to accept all risks of such participation. I certify that the Participant is in excellent physical health, and may participate in strenuous and hazardous physical activities. Permission is granted for Participant to receive emergency medical treatment, if needed. I also agree to indemnify and hold harmless those listed above for all claims arising out of Participant's participation in the Program and all related activities. I agree to let the parties use Participant's name and likeness free of charge in any manner and for any purpose without compensation to me or Participant. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Program is taking place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. I further agree that any legal proceedings related to this waiver will take place in Putnam County, Florida. I am the parent or legal guardian of the Participant. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies. I represent that I am a parent/legal guardian of the child named above, and I agree that the terms of this release are binding on me and the child.

Parent/Legal Guardian Name (Printed)

Relationship to Participant

Parent/Legal Guardian Signature

(STAFF USE ONLY)

Method of Payment: Check #: _____ Cash: _____

