REGISTRATION FORM

County of Powhatan
Parks and Recreation Department
3834 Old Buckingham Road Suite A
Powhatan, Virginia 23139
Phone # 804-598-1304 Fax # 804-598-7835 www.powhatanva.gov

Receipt # _____
Check # _____
Date _____

Connecting Communities Through People, Parks and Programs

Payment for program must accompany registration form.
Make checks payable to the County of Powhatan

PARTICIPANT NAME FIRST / LAST NAME	BIRTH DATE If under 18	M/F	ACTIVITY NUMBER	ACTIVITY NAME	FEE

Participants age 55 and over received a 20% discount (excluding trip and special event pricing)

PARENT NAME: _____HOME PHONE: _____ Cell: _____
(Required if under 18)
STREET ADDRESS: _____ County/State/ZIP: _____

E-MAIL ADDRESS: _____ Alternate Contact #: _____

EMERGENCY CONTACT PERSON & PHONE #: _____

Please list any pre-existing medical conditions, allergic reactions, or special qualities that would help us to give the participants a safe and happy experience: _____
_____
_____

GENERAL RELEASE OF LIABILITY AND INDEMNIFICATION

In agreeing to participate in this program, I affirm that the general health of the named participant is good and that the named participant is not adversely affected by exercise and is capable of performing an activity of this nature.

In consideration of participation in this activity, I do hereby assume all risk of injury t the named participant and I will along with my heirs, successors and assigns, indemnify, hold harmless and release the County of Powhatan, Powhatan Board of Supervisors, Powhatan School Board, Powhatan County Parks and Recreation Department, and all of their officers, agents, employees, staff, and volunteers from any and all liability, action, causes of actions, claims of demands of every kind of nature whatsoever, which arises of, or in connection with participation in the activity.

It is likewise assumed and agreed that the named participant will wear the proper clothing and protective equipment during the activity and that it is the responsibility of the participant, guardian, or parents to see that this criteria is met. I grant permission to transport the participant to and from the event when required and hold harmless those assigned to transport.

I also agree to allow transportation of the participant to the nearest physician or hospital for medical treatment and agree to allow for immediate first aide to injured participant when deemed necessary.

_____ _____ _____
Participant Signature **Parent/Guardian Signature if participant is under 18 years of age** **Date**

The County of Powhatan Parks and Recreation Department reserves the right to use photos taken of visitors and participants while they are at Parks and Recreation facilities related events for publicity purposes. (If you prefer not to have pictures taken of you or family members, please notify the instructor.