

# Registration Form



## BOONE COUNTY PARKS AND RECREATION REGISTRATION FORM

Complete this form and mail to:

PO Box 566, Burlington, KY 41005

Tel: (859) 334-2117; Fax (859) 334-2127

Additional forms may be printed from our website: [www.boonecountyky.org/Parks/](http://www.boonecountyky.org/Parks/)

*Make checks payable to: Boone County Fiscal Court*

All checks returned by the bank will incur a \$25.00 fee.

**PLEASE PRINT ALL INFORMATION CLEARLY.**

ADULT NAME	HOME PHONE	WORK PHONE	CELL PHONE
ADDRESS	CITY	STATE	ZIP CODE
EMERGENCY CONTACT	PHONE NUMBER		RELATIONSHIP/CHILD

May we notify you through email? Yes      No      If so, e-mail address \_\_\_\_\_

Please list any medical conditions or special needs we should be aware of:

**Please indicate t-shirt size by participant's name if registering for a program with t-shirts.**

PARTICIPANT FIRST & LAST NAME	BIRTH DATE M/D/YYYY	SEX	CHOICE	ACTIVITY NAME	CODE NUMBER	DATES	FEE
Example: Jane Smith	11/05/2000	F	1ST	Tot Music	170402-01	6-8,15,22,29	—
			2ND	Tot Music	170402-02	6-9,16,23,30	—
			1ST				
			2ND				
			1ST				
			2ND				
			1ST				
			2ND				
			1ST				
			2ND				
			1ST				
			2ND				
			1ST				
			2ND				
			1ST				
			2ND				

**PLEASE PROCEED TO THE NEXT PAGE. WAIVER FORM MUST BE SIGNED FOR ALL PROGRAMS THAT YOU ARE REGISTERING FOR. REGISTRATION WILL NOT BE PROCESSED UNLESS WAIVER IS SIGNED.**

# *Permission & Waiver*

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## **WAIVER OF LIABILITY**

PLEASE READ AND SIGN THE WAIVER STATEMENT BELOW

(This waiver must be signed by all participating adults 18 years old and over, and/or by a parent or guardian for each participant under age 18)

As a participant in this Boone County Parks program, I recognize and acknowledge that there are certain risks of injury and I waive and relinquish all claims I or my children may have as a result of participation in this program against Boone County, the Boone County Parks Department, and its officials (either elected or appointed), commissioners, officers, agents, employees, and volunteers. I further agree to indemnify, hold harmless and defend Boone County, the Boone County Parks Department, and its officials (either elected or appointed), commissioners, officers, agents, employees, and volunteers from and against any and all claims, suits or cause of actions, including reasonable attorney's fees, sustained or caused by myself or my child arising out of, in connection with, or in any way associated with the activities of this program.

I give my child/children permission to participate in this program, and on the child's behalf as parent and/or legal guardian I hereby waive, release and forever discharge any and all claims against the County of Boone, the Boone County Parks Department, and its officials (either elected or appointed), commissioners, officers, agents, employed, and volunteers for damages and/or injuries which may arise from my child's participation in this program.

Please list the participating child/children's name(s):

\_\_\_\_\_

\_\_\_\_\_

I, the undersigned, understand and acknowledge that participation in a recreational activity can be hazardous and I realize that no one should enter into a recreation activity unless the participant is medically able. I/We assume all risk associated with this activity including, but not limited to: falls, contact with other participants or equipment, effects of weather, equipment failure, and condition of playing area. I fully understand that it is my responsibility to ascertain if this specific activity contains other elements of risk that could prove to be harmful to a participant.

Having read this waiver and in consideration of acceptance of entry into the program, I and anyone entitled to act on my behalf waive and release Boone County, Boone County Parks Department, it's co-sponsors, their representatives and successors from all and against any and all claims, suits, or cause of actions, including reasonable attorney's fees, sustained or caused by myself or my child arising out of, in connection with, or in any way associated with the activities of this program.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Participant or Legal Parent/Guardian

## **PHOTO RELEASE**

I give my permission to the Boone County Parks Department to take my picture or my child's picture to use on all future advertising for Park's programs. I also hereby consent to the use of my or my child's photograph or cinematic image without compensation.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Participant or Legal Parent/Guardian