



MARION COUNTY PARKS AND RECREATION ADULT ON-SITE REGISTRATION FORM

Participant's Name _____ E-mail Address _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Birth Date _____ Age _____

Program _____ Start Date _____ Location _____

RELEASE, WAIVER AND INDEMNIFICATION FOR PARTICIPATION; MEDICAL AUTHORIZATION; MEDIA RELEASE.

In consideration of City of Ocala and/or Marion County allowing me or my child to participate in the program or activity referred to on this form, I, for myself, my heirs, and personal representatives and for the heirs and personal representatives of my child, hereby assume for myself and for said child, all liabilities, risks, injuries and hazards incidental to participation in the said activity in which I or said child participates, including transportation to or from said activity. This waiver is on behalf of my child or me. I represent that I am the natural parent or legal guardian of such child and have full lawful authority to execute this release, waiver and indemnification on behalf of said child, binding myself and said child and the child's heirs and personal representatives to the undertaking herein set forth. I acknowledge the fact that this program or activity may/or does involve physical contact or other conditions where injuries may occur. I do hereby waive, release and agree to hold harmless City of Ocala and/or Marion County, its officers, agents, employees, the organizers, sponsors, activities supervisors, cosponsoring organizations and participants for and from any claim, demand, liability, costs, suits, charges or compensation for loss or injury of any kind arising out of a loss or injury, including losses or injury arising from the negligence of City of Ocala and/or Marion County, its agents, employees, sponsors or activities supervisors, arising from my child's participation in or presence at said activity. I hereby assume for myself and my child, if the child is participating in the activity, all risk of injury, liability and loss arising from my child's participation in or presence at said activity, I acknowledge that City of Ocala and/or Marion County will not assume any costs relating to any injury while I or my child is involved in this activity.

I further acknowledge that I have taken into consideration my (or my minor child's) physical condition, fitness and training, safety concerns and associated risks in determining that participation in this program is appropriate for me or my child and have disclosed any limitations that might affect me or my child's safe participation in this program on the program registration form. I understand that the City of Ocala and/or Marion County is not aware of or responsible for evaluating my fitness for participation and I am solely responsible for the decision to participate in this regard. In the event of injury to me (or to my minor child), if a legally authorized contact cannot be reached, I authorize city representatives to use their discretion to have me or my minor child transported to a medical facility and further authorize a qualified and licensed physician to render such treatment as would be customary under such circumstances. I take full responsibility for this action and agree to pay any expense incurred for this transport and treatment.

This waiver, release and indemnification is in consideration of City of Ocala and/or Marion County or activity sponsor permitting me or my child's participation in the said activity or program and in further consideration of City of Ocala and/or Marion County not requiring self-funded liability insurance coverage as a condition precedent to me or my child's participation in the activity. I freely and voluntarily assume for myself or for the said child all risk of loss or injury arising from me or my child's participation in the activity whether due to me or my child's negligence or the negligence of others. I acknowledge that, absent this release and indemnification, City of Ocala and/or Marion County or other sponsors of this activity would not have offered me or my child access to the activity because of unacceptable exposure to liability claims or the expense of providing a program that is risk free.

I hereby give City of Ocala and/or Marion County permission to take and use print or video images of myself or child. This publicity may include publication of the photo in newspapers, brochures, magazines, websites, displays or any other form(s) of publicity for the City of Ocala and/or Marion County. I waive inspecting and/or approving any finished product. I understand there is no monetary compensation for use of these photos. I understand if I do not want my child to be photographed or filmed, I must go to the City of Ocala or Marion County Administration office of the organization offering the program and complete paperwork indicating any and all programs in which my child participates that I do not want him or her photographed or filmed.

I have read and understand this release, waiver, and indemnification and sign it freely and knowingly, intending that it shall be fully operative and effective in all respects and that it waives legal rights to which I and my child might otherwise be entitled if I or my child is hurt or suffers loss during my or my child's participation in the activity.

YOU MUST CAREFULLY READ THIS DOCUMENT BEFORE SIGNING IT. YOU ARE WAIVING OR RELEASING VALUABLE LEGAL RIGHTS. YOU ARE ADVISED TO SEEK THE ADVICE OF AN ATTORNEY IF YOU DO NOT FULLY UNDERSTAND THIS DOCUMENT.

X _____
Participant's Signature _____ Print Name _____ Date _____

Program Fee: _____ Amount Paid: _____ Date: _____ Receipt # _____

Method of Payment: (Circle One) Cash Check /Money Order # _____ Debit/Credit (Complete separate Debit/Credit Form)



ADDITIONAL ON-SITE REGISTRATION INFO

Date: _____

Name of Program: _____

Male Female

T-Shirt or Jersey size: **Circle one**

Adult: S - M - L - XL - XXL

Additional Emergency Contact:

Name: _____ Home Phone: _____

Work: _____ Cell: _____ Relation: _____

Name: _____ Home Phone: _____

Work: _____ Cell: _____ Relation: _____

List any other issues/restrictions staff should be aware of? _____

Are you interested in being a volunteer or coach for this program? Yes No
