

## ACTIVITY REGISTRATION FORM

275 Beasley Dr • Versailles, KY 40383 • www.vwcparksrec.com

Office: \_\_\_\_\_

**PARTICIPANT INFO**

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Check:  Male  Female

If a minor, who does participant live with?  Mother  Father  Both  Legal Guardian

**PARTICIPATING ADULT, PARENT OR GUARDIAN CONTACT INFO:**

Name: \_\_\_\_\_

Relationship to Child (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

**ADDITIONAL CONTACT:**  PARENT  EMERGENCY CONTACT

Name: \_\_\_\_\_

Relationship to Child (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION**

Insurance Company: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Is participant allergic to any drugs?  No  Yes  
If yes, please list: \_\_\_\_\_

Does participant have any other allergies?  No  Yes  
If yes, please list: \_\_\_\_\_

Please list any other medical conditions or special needs the instructor or coach should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROGRAM INFO:**

Program: \_\_\_\_\_

Session: \_\_\_\_\_

Level: \_\_\_\_\_

Day: \_\_\_\_\_

Time: \_\_\_\_\_

**SHIRT SIZE:**

Youth X-Small (2-4)

Youth Small (6-8)

Youth Med (10-12)

Youth Large (14-16)

Youth XL (18-20)

Adult Small

Adult Medium

Adult Large

Adult X-Large

Adult XX-Large

**WAIVER OF LIABILITY AND TERMS OF PARTICIPATION:**

- I. As a participant in this Versailles-Woodford Co. Parks & Recreation 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 Woodford County, the City of Versailles, the Versailles-Woodford Co. Parks & Recreation Department and it's officials (either elected or appointed), commissioners, officers, agents, employees and volunteers. I further agree to indemnify, hold harmless and defend Woodford County, the City of Versailles, Versailles-Woodford Co. Parks & Recreation and it's 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.
- II. 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 Woodford, the City of Versailles, the Versailles-Woodford Co. Parks & Recreation Department and it's officials (either elected or appointed), commissioners, officers, agents, employees and volunteers for damages and/or injuries which may arise from my child's participation in this program.
- III. 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 is my responsibility to ascertain if this specific activity contains other elements of risk that could prove to be harmful to a participant. I understand that the VWCRPD does not provide medical insurance coverage for program or league participants.
- IV. Having read this waiver and in consideration of acceptance of entry into this program, I and anyone entitled to act on my behalf waive and release Woodford County, City of Versailles, Versailles-Woodford Co. Parks & Recreation, 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.
- V. I understand that registration fees must accompany this application in order for it to be processed. (Please make checks payable to VWCRPD. If you have any questions concerning fees, please contact the department at 873-5948.) Refunds are not granted after a program meets one time (refunds are not granted in competitive sports league after teams have been drafted). In the case of injury or illness preventing participation of myself or my child, a pro-rated refund will be granted if a doctor's note is received within 10 business days of seeking treatment.
- VI. I understand and give permission for the Parks and Recreation Department or local media to photograph or video tape my child or me during participation in Parks and Recreation activities and to use them in advertising and promotion, both in print and on the Department's website and social media outlets.
- VII. In the event of an emergency, I give my permission for a representative of the Recreation Department and/or ambulance service to provide treatment as is normal and prudent and to transport my child or myself to the nearest medical facility to render treatment.

By signing or typing my name below, I acknowledge that I have read and agree to the above Waiver of Liability and Terms of Participation.

Signature of Participant or Parent/Legal Guardian: \_\_\_\_\_ Date \_\_\_\_\_

**THIS IS A RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to participate in any way in the ACTIVITY/ACTIVITIES, EACH OF THE UNDERSIGNED, for him/herself, his/her personal representatives, heirs, and next of kin:

1. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the **Versailles-Woodford County Parks & Recreation Department**, and all of their directors, officers, agents, volunteers and employees, (hereinafter referred to as "Releasees") FROM ALL LIABILITY TO THE UNDERSIGNED, his/her personal representatives, assigns, heirs and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY AND/OR EXPOSURE TO INFECTIOUS SYNDROMES OR DISEASES TO THE PERSON OR PROPERTY OR RESULTING IN ILLNESS AND/OR DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. BY PARTICIPATING OR ATTENDING THIS EVENT YOU ASSUME ALL RISKS WHETHER KNOWN OR UNKNOWN.
2. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the EVENT(S) WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise.
3. HEREBY acknowledges that THE ACTIVITIES OF THE EVENT(S) MAY BE DANGEROUS and involve the risk of exposure to infectious syndromes and diseases, serious illness, injury and/or death and/or property damage and he/she ASSUMES FULL RESPONSIBILITY FOR ANY RISK WHATSOEVER, INCLUDING BUT NOT LIMITED TO BODILY INJURY, EXPOSURE, DEATH OR PROPERTY DAMAGE arising out of or related to the ACTIVITY/ACTIVITIES whether caused by the NEGLIGENCE OF RELEASEES or otherwise.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF ALL RISK, AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

\_\_\_\_\_  
PARTICIPANT'S NAME

\_\_\_\_\_  
DATE OF BIRTH (M/D/YY):

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE (IF OVER 18):

\_\_\_\_\_  
DATE:

**PARENT OR LEGAL GUARDIAN ACKNOWLEDGEMENT (IF PARTICIPANT IS UNDER AGE 18)**

I represent and warrant that I am the parent or legal guardian of \_\_\_\_\_, and that I have received, read, and understood the foregoing Release and Waiver. I fully consent to and voluntarily execute said Release and Waiver on Minor's behalf. I acknowledge and agree that all representations, consents, agreements, grants, waivers, authorizations, indemnifications, and releases herein shall be regarded as made by me on behalf of the Minor and shall be binding on me and the Minor.

Furthermore, in consideration of Releasees possibly including me and/or Minor in the Event, I hereby agree to be bound by and to perform all of the terms and conditions of the foregoing Release and Waiver (including, without limitation, the provisions regarding release of all claims), as such terms and conditions may relate to my participation and/or the participation of the Minor in the Event, if any.

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME:

\_\_\_\_\_  
RELATIONSHIP TO MINOR: