

LOWNDES RECREATION DEPARTMENT
Waiver of Release
Form

This release form is for:

NAME OF PROGRAM OR ACTIVITY

PARTICIPANT'S NAME _____ **Age** _____

Male _____ **Female** _____

ADDRESS _____

CITY & STATE _____

IN CASE OF EMERGENCY CONTACT _____

EMERGENCY CONTACT PHONE NUMBER _____

A. I, the above-named candidate, participant or registrant for a County of Lowndes Recreation Department program, camp, exercise class, activity or use of any County facility and equipment hereby give my approval to participate in any and all programs, practices, camps or activities. I assume all risk and hazards incidental to such participation including transportation to and from facilities and activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Lowndes Recreation Department (LRD), County of Lowndes, Board of Supervisors, the staff and employees, directors, organizers, sponsors, supervisors, participants, and persons transporting me to or from activities, for any claim arising out of an injury. I understand Insurance coverage is my sole responsibility. The LRD does not carry any type of insurance for participants.

B. I give my permission to receive emergency medical treatment.

C. I understand I may be photographed during any LRD activities.

WAIVER AND RELEASE OF LIABILITY

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me or my guest, and I hereby fully and forever release and discharge the County of Lowndes, Board of Supervisors, company, its insurers, employees, officers, directors, and associates from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of the use of any County of Lowndes equipment and facilities.

I HAVE READ THE FOREGOING WAIVER AND RELEASE OF LIABILITY AND VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT

Date _____

Participant's Signature