PARKS & RECREATION
DEPARTMENT

# MONTGOMERY COUNTY PARKS & RECREATION
# POWER SCHOLAR ACADEMY
# REGISTRATION & PERMISSION FORM

**PARTICIPANT INFORMATION**

**Name of Participant:** _____

**Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

**Phone Number:** _____ **Date of Birth:** _____ **Grade:** _____

**Emergency Contact:** _____ **Phone Number:** _____

**PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS COMPLETED AND SIGNED FORM MUST BE SUBMITTED BEFORE ANY PERSON IS ALLOWED TO PARTICIPATE IN THE ABOVE EVENT.**

I, the undersigned, wish to voluntarily participate in the above referenced event on the dates and times as indicated above and, in consideration of the mutual agreements and conditions contained in this Agreement, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my participation in this event there are dangers, hazards and inherent risks to which I may be exposed, including the risk of serious physical injury and temporary or permanent disability, as well as economic and property loss. The dangers, hazards and risks may arise from my own actions, inactions, or negligence as well as from the actions, inactions or negligence of others, or the condition of the premises. I also acknowledge and understand that there may be other dangers, hazards or risks not presently known or reasonably foreseeable. Therefore, I voluntarily accept and assume all risk of injury or damage to property arising out of participating and traveling to or from this event.

I hereby release, defend, indemnify and hold harmless the Montgomery County Commission, the Montgomery County Parks & Recreation Department, its Commissioners, employees, any agents of the aforesaid organizations and any other group or persons involved in the Montgomery County Parks & Recreation programs and activities from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that I may suffer, for which I may be liable to any other person, that may or does arise out of my participation in the listed event. I understand that the Montgomery County Commission and the Montgomery County Parks & Recreation accepts no responsibility for my personal property. I agree to be accountable in all respects for my own conduct and all actions, claims and demands for damages, loss and injury which may arise as a result of my own conduct.

In the event of an accident or serious illness, I hereby authorize representatives of Montgomery County Parks & Recreation to obtain medical treatment for me and on my behalf. I hereby hold harmless and agree to indemnify the Montgomery County Commission from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I understand that the Montgomery County Commission does not provide any medical, dental or life insurance to cover bodily injury, illness or death; nor insurance for personal property damage or loss; nor insurance for liability arising out of my negligent acts or omissions; and I acknowledge that I am completely responsible for my own insurance or financial resources to cover expenses related to these things.

I further acknowledge that if I drive my own vehicle or am a passenger in another's private vehicle in connection with this event, that the Montgomery County Commission does not cover such a private vehicle for insurance purposes. I also understand that the Montgomery County Commission cannot be responsible for assuring the safety and reliability of such private transportation or driver, nor for any non-sponsored activities and travel that I choose to participate in before, during or after the listed event, and I therefore accept the risks and responsibilities associated with such private vehicle travel and activities.

This Agreement shall be governed by and construed under the laws of Alabama. I agree that any legal action or proceeding relating to this Agreement, or arising out of any injury, death, damage or loss as a result of my participation in any part of the listed event, shall be brought only in Montgomery County, Alabama.

I, the undersigned have been given ample time to read and understand this Agreement, and fully accept its contents and conditions and agree to them by signing this Agreement voluntarily. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns. The information I have provided is disclosed accurately and truthfully.

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19

Participant Name:_____ Parent Name:_____ Date:_____

Participant Signature:_____ Parent Signature: _____ Date:_____

Parent/Guardian Phone Number:_____