



1195 Hisey Avenue
 Woodstock, VA 22664
 540.459.6777
www.scpr.info
scpr@shenandoahcountyva.us

Parent/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell #: _____ Home #: _____ Email: _____

Emergency Contact Name: _____ Phone #: _____

PARTICIPANT NAME	D.O.B.	M/F	GRADE	ACTIVITY NAME	SHIRT SIZE	FEE
John Doe	09/02/1984	M	5th	Yoga, January Session	YM	\$38

TOTAL: _____

Acknowledgement, Indemnification, Hold Harmless, Assumption of Risk, Waiver, and Release:

This Acknowledgment, Indemnification, Hold Harmless, Assumption of Risk, Waiver, and Release (the "Release") is made by and between the below-signed individual (the "Participant") and Shenandoah County, Virginia (the "County"). Participant hereby agrees as follows: In consideration of (i) my participation in an event or events (hereinafter an "Event", whether one or more) organized, sponsored, or conducted the County and/or (ii) the use of or access to real property or facilities (collectively, a "Facility") owned or operated by the County, I hereby agree to indemnify, defend, and hold harmless the County, its Board, officers, agents, employees, and volunteers (hereinafter collectively referred to as the "Indemnified Parties") from any claims, damages, costs – including without limitation the County's attorney's fees – , expenses, actions, or liabilities whatsoever, whether at law or in equity, arising from my participation in an Event or use of or access to a Facility. In addition, I agree to be responsible for paying for the repair or replacement of any damage that I cause to the Facility, or any of the County's personal property located therein, and I understand that my access to the Facility is solely with the County's permission, which may be revoked at any time, and I irrevocably relinquish, waive, and release any claim of right or color of title relating to use or ownership of the Facility or any other County property. I understand that I could possibly be injured while participating in an Event or using or accessing a Facility. In particular, I recognize and understand that the nature of Events such as indoor and outdoor athletic events, recreational activities, exercise or fitness classes, and use of County Facilities, and particular Facilities related to recreation, is accompanied by a heightened risk of physical injury. Possible injuries include, but are not limited to: (i) serious injury, or even death, caused by tripping or falling, including trips or falls due to uneven terrain, the presence of liquids such as water or sweat, contact with other persons, or the placement of personal property, equipment, or machinery, (ii) significant or fatal health events, such as fainting, dizziness, fatigue, heart attack, stroke, swelling, strains, tendonitis, tears, pulls, soreness, or bursitis, which may result from or be caused by movement or physical exertion, (iii) cuts, contusions, abrasions, puncture wounds, fractures, dislocations, concussions, serious eye damage or even death as a result of use, misuse, or malfunction of exercise equipment or weight machines, contact with other persons, tripping or falling, walking or running into obstacles, or contact with baseballs, basketballs, kickballs, softballs, or other game equipment, and (iv) allergic reactions, illness, or disease, which can potentially be caused through contact with other persons or surfaces. I recognize that these hazards and injuries are just examples and that it is not possible to specifically list each and every hazard individual injury risk.

I DESIRE, CONSENT, AND VOLUNTARILY CHOOSE TO PARTICIPATE IN THE EVENT AND TO USE AND ACCESS THE FACILITY, HAVING READ AND UNDERSTOOD THIS RELEASE AND HAVING BEEN INFORMED OF, AND KNOWING, THE MATERIAL RISKS AND REASONABLY ANTICIPATING THAT OTHER INJURIES AND DEATH ARE A POSSIBILITY, I UNCONDITIONALLY ASSUME ALL THE RISKS NORMALLY INCIDENT TO THE NATURE OF THE ACTIVITIES AND AGREE THAT THE COUNTY WILL NOT BE RESPONSIBLE FOR ANY DAMAGES OR INJURIES TO ME. I hereby give permission for Shenandoah County and/or staff to seek appropriate medical attention for me should I be unable to authorize it myself. Also, I understand that any injury incurred, and the resulting medical expense will be my responsibility and the County will not be responsible for any related expenses. I agree that I am fully responsible for familiarizing myself with the safe operation of, and obtaining the necessary knowledge and experience to safely use, all equipment in the Facility and any equipment or items used in connection with the Event. I understand and agree that the County does not, and cannot, have knowledge regarding my specific health conditions and circumstances and my physical limitations, and that I am responsible for placing appropriate limits on my participation in the Event or use of the Facility. I agree that the County may use my photograph or video footage depicting me in promotional or other materials with respect to the Parks and Recreation Department, and I give the County an irrevocable perpetual license for such use. By voluntarily participating in the Event and/or using the Facility after having been advised of the potential hazards and my responsibilities, I hereby WAIVE AND RELEASE all demands and claims, known or unknown, whether in law or in equity, that I, my heirs, next of kin, and representatives might otherwise have against the County for any injuries, disabilities, death, property damage or losses and expenses of any nature whatsoever, resulting from my participation in the Event and/or use of the Facility. **If Participant is under the age of 18:** I hereby certify that I am the parent or legal guardian of Participant and have full legal authority to act on Participant's behalf. By and through my signature below, I agree fully to the terms of this release, both individually and on behalf of Participant.

Signature of Participant, Parent or Guardian: _____ Date: _____

CREDIT CARD: Visa MasterCard Discover American Express

Card #: _____ - _____ - _____ Expires: ____/____/____ CVV #: _____ Amount: \$ _____

Cardholder Name (print): _____ Signature: _____

OFFICE USE ONLY:

Check (payable to "SCPR") Cash Credit Card Gift Card Scholarship Awarded

Check #: _____ Amount: \$ _____ Date Received: ____/____/____ Staff: _____