## INCLINE VILLAGE PARKS & RECREATION DEPARTMENT

**Registration Form, Waiver & Media Release**

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<th>Participant Name</th>
<th>Sex</th>
<th>Birthdate</th>
<th>Program</th>
<th>Dates/Times</th>
<th>Fees</th>
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Name:_________________________________________________________________________________________________

Address:___________________________________________  City:____________________  State:______  Zip:___________

Email address:__________________________________________________________________________________________

Yes, please sign me up for Email Clubs for News & Special Offers!

- [ ] Parks & Recreation
- [ ] Senior Programs
- [ ] Tennis Center
- [ ] Village News (BOT Updates & IV/CB News)

- [ ] Golf Courses
- [ ] Diamond Peak

### INHERENT RISKS

There are inherent risks in any program/activity. A copy of the inherent risks associated with the program/activity that the participant will be participating in can be obtained from any Parks & Recreation staff member upon request.

### MEDIA RELEASE

The undersigned consents (either self or youth) to be photographed and/or quoted irrevocably grants to Incline Village General Improvement District (IVGID) the right to use and incorporate photographs, video footage, digital images, verbal quotes and all other forms of media taken at any IVGID program or event. This consent and grant of rights is unconditional and without limitation as to time or method of use for media purposes including but not limited to printed materials, web sites and social media purposes.

### AGREEMENT, WAIVER & RELEASE

I hereby, for myself, for my youth, and/or for my heirs, executors, and administrators, do hereby **RELEASE, HOLD HARMLESS, AND INDEMNIFY** IVGID and Parks & Recreation staff, the organizers and/or sponsors of the program / activity, and IVGID, its officers, representatives, agents, trustees, and employees, from any and all liability for any damages and/or bodily injury, including death, which they may suffer as a result of participation in the program/activity. I understand that anyone participating in any program /activity may be exposing himself or herself to the risk of bodily injury or property damage due to the nature and inherent risks of such programs/activities, and I agree to assume such risks.

**Parental Consent (to be completed and signed by parent/guardian if applicant is under 18 years of age)**

Signature:________________________________________  Printed Name:____________________________________  Date:________

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**Parents/Guardians: Please complete emergency and medical information on reverse.**
MEDICAL INFORMATION SHOULD BE REVIEWED ON CHILD’S BIRTHDAY
THIS WAIVER WILL BE VALID FOR ONE YEAR FROM DATE SUBMITTED

Name of Child(s): ______________________________________________________________________________________

Birth Date: __________________________ Child’s Age: __________________________ Sex: Male   Female

Parent/Guardian Name: __________________________________________________________________________________

Home Phone: __________________________ Email Address: __________________________

Emergency Contact Number: __________________________ Cell phone: __________________________

Personal Medical Information Regarding Child (✓ all that apply):

☒ Hyper/Hypo Active   ☐ Learning Disabled   ☐ Behavioral Problem   ☐ Epileptic   ☐ Visually Impaired

☒ Hearing Impaired   ☐ Diabetic   ☐ Motor Coordination   ☐ Asthma

Allergies (List): __________________________________________________________________________________________

Physical Impairment (Explain): ___________________________________________________________________________

Other (Explain): __________________________________________________________________________________________

Name of Child’s Physician: ____________________________________________ Phone _______________________

The medical information provided above is current and accurate to the best of my knowledge as of the date noted below and may be released to medical personnel where definitive medical care is required. The furnishing of such care is in no way an admission of, or assumption of, liability on the part of the Parks & Recreation Department. It is understood that Recreation personnel will attempt to contact a parent or guardian of the youth, if possible, prior to transporting the youth by any mode of transportation to a physician and/or medical facility to render emergency medical care to said youth and I consent to such treatment. The information will be kept on file and it is the responsibility of the parent/guardian to insure that this medical information is updated when medical conditions of a youth changes and/or on the youth’s next birthday.

Name of Parent or Guardian: ____________________________________________________________________________

(Please Print)

Signature ____________________________________________________________________________________________ Date: __________________

(Please Check One) ☐ Parent / ☐ Guardian: - RELATIONSHIP TO MINOR _____________________________________________