



Participant Name	Sex	Birthdate	Program	Dates/Times	Fees

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

IN CONSIDERATION OF my child/ward being allowed to participate in any way in an Incline Village General Improvement District (IVGID) sponsored sport/activity/program or related events and activities, the undersigned acknowledges, appreciates, and agrees that the inherent risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist.

MEDIA RELEASE

The undersigned consents (either self or youth) to be photographed and/or quoted irrevocably grants to 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, illness 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)

I hereby consent that my son/daughter, _____, participate in the above activity, and I hereby execute the above agreement, waiver and release on his/her behalf.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND INCLINE VILLAGE GENERAL IMPROVEMENT DISTRICT AND I SIGN IT OF MY FREE WILL.

Signature: _____ Printed Name: _____ Date: _____

Parents/Guardians: Please complete emergency and medical information on reverse.

IVGID Parks & Recreation Department
980 Incline Way, Incline Village NV, 89451
PH (775) 832-1310
FAX: (775) 832-1380
Email: parksandrec@ivgid.org



**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** _____