Participant Information Please Print and Complete in Full

NAME: LAST AND FIRST DOB AGE M/F

ADDRESS HOME OR CELL PHONE
CITY STATE
PARENTS NAME PHONE
INCASE OF EMERGENCY CONTACT:
My child is physically able to participate in all activities YES/NO

NOTE: PHOTOGRAPHS & VIDEO MAY BE TAKEN FOR PROMOTIONAL PURPOSES DURING THIS SPECIAL EVENT. IF YOU DO NOT WISH TO HAVE YOUR CHILD'S PHOTOGRAPHS PUBLISHED IN BROCHURES AND OR MEDIA RELEASES PLEASE INITIAL HERE _____

MY CHILD HAS MY PERMISSION TO PARTICIPATE IN THE EVENT BELOW
PARENT OR GUARDIAN
SIGNATURE_____DATE_____

January 01, 2012 MY CHILD WILL PARTICIPATE IN "THE JAM" AT ROTARY PARK SKATEPARK. THERE WILL BE ADULT SUPERVISION.

Emergency Medical Release (for participants 17 and under)- To Whom It May Concern
I declare that I am the parent or legal guardian of the above name participants. I have full custody and control of the child. To the best of my knowledge my child is in good health and is adequately immunized to participate in "THE JAM". In the event my child injured or should require medical attention, I hereby authorize that staff and or volunteers to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated prior to treatment by calling me at the above liste3d numbers. In case I cannot be reached for an emergency, medical treatment, x-rays, anesthesia or surgery by a qualified physician may proceed without further authorization.

Signed_____Date_____

Liability Waver(No registration will be accepted without a signed waiver)
In consideration of the opportunity afforded myself and or my child by the Tinnell Memorial Sports Park Committee, I hereby release the Tinnell Memorial Sports Park, Its Board or Director, its employees and volunteers from all actions, damages, claims and demands, in law or in equity, of every kind and character I may now or hereafter have against them.

Signed_____Date_____