



**IREDELL COUNTY
PARKS & RECREATION DEPARTMENT**

Post Office Box 788
Statesville, North Carolina 28687

Ph: (704) 878-3103
Fax: (704) 924-4117
www.co.iredell.nc.us

Participant Agreement, Waivers, and Release of Liability

In consideration of my (or my child's) participation in an Iredell County Parks & Recreation Department activity, I hereby voluntarily release, discharge, and agree to indemnify and hold harmless, on behalf of myself, my heirs, assigns, or personal representatives, Iredell County, their agents, assistants, officers, employees, volunteers, cosponsors and all other persons or entities acting in any capacity on their behalf from any and all claims, losses, injuries, and damages of any nature, including but not limited to, property damage and personal injury or death, attorneys' fees and costs, which may arise from, relate to, or result because of my (or my child's) participation in this experience.

Knowing that there are inherent risks, dangers, and rigors involved in the activities, I certify that I (or my child) am fully capable of participating in the activities and assume all risks of participation. I acknowledge and assume full responsibility for the known, unknown and unanticipated risks including, but not limited to those which could result in my physical or emotional injury, paralysis, death, loss or damage to personal property, to third parties and any expenses arising out of my participation.

I certify that I (or my child) have adequate insurance to cover any claim, injury or damage I (or my child) may cause or suffer while participating, or else I agree to bear the cost of such injury or damage myself. Damage and/or destruction of property may result in repair and/or replacement fees billed directly to myself (i.e. the responsible party).

I further certify that I (or my child) have no medical, physical, or mental condition, which could interfere with my safety or the safety of others in this activity.

I (or my child) also agree to follow all rules, instructions, and safety guidelines provided by Iredell County and the above named parties, and understand that I (or my child) may be dismissed from participating, for refusing to follow those guidelines and instructions.

Drugs/Alcohol: I (or my child) agree not to use alcohol, tobacco, or drugs that have not been prescribed by a medical doctor to treat a current medical condition, during the event, while on county property, or at any time that may affect my (or my child's) ability to participate in the event.

Media: I do hereby grant and give these groups the right to use my (or my child's) photograph or image with or without my (or my child's) name, both singly and in conjunction with other persons or objects and presentations, advertising, publicity, and promotion relating thereto.

Transportation: I do hereby grant and give these groups the right to transport me (or my child) to/from program sites by properly licensed staff. I am aware that I (or my child) must wear a seatbelt at all times when riding in a County owned/operated vehicle.

Emergency Care: In the event of an accident or emergency that renders me unable to communicate (or for care of my child when I am unreachable), I grant my permission for any medical care, operations, and/or anesthesia, which might become necessary.

In all circumstances, Iredell County retains full authority for final approval and denial of activity registrations and/or facility reservation requests.

Current and/or future participation in Iredell County activities may be cancelled for the following items, including, but not limited to:

- Unseemly conduct including general disruptive behavior, inappropriate language or attire, and/or verbal/physical altercations
- Health violations (spitting, smoking, etc.)
- Abuse of staff, program participants, property, or equipment
- Negligent or delinquent in remitting payment
- Use or possession of drugs and/or alcohol
- Use or possession of weapons or other dangerous items

I have had sufficient opportunity to read this entire document. My signature/acknowledgment of receiving this information is completely voluntary as is my (or my child's) participation in the program. I fully understand that by signing/acknowledging, I give up legal rights that may otherwise be available to me. I have read and understood this document, and I (or my child) agree to be bound by its terms.

Parent or guardian must sign/acknowledge for those under age 18.

Name of Participant (PRINT)

**Signature of Participant (Or Parent/Guardian
Signature if Participant is Under Age 18)**

Date



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Participant Information Form

Program/Group/Organization/Teacher's Name (If Applicable): _____

Participant Information			
Name		Have Asthma?	Yes No
Address		List Any Allergies (Stings, Foods, Meds, Etc)	
Home Phone		List Indicators of Allergic Reactions	
Cell Phone			
Work Phone		List Any Carried Medications & Purpose/Use	
Email 1			
Email 2		List Any Conditions for Which You Currently Receive Treatment	
Gender	Male Female		
Date of Birth		List Any Other Medical Concerns or Conditions (Previous Injuries, Surgeries, Etc)	
Current Age			
Height			
Weight*			

*For High Challenge Course and/or Climbing Tower events, per industry recommendations participants over 250 lbs will not be allowed to climb.

	Emergency Contact: Person 1	Emergency Contact: Person 2
Name		
Address		
Home Phone		
Cell Phone		
Work Phone		
Relationship		

I certify that the above information is complete and accurate to the best of my knowledge.

Name of Participant (PRINT)

Signature of Participant (Or Parent/Guardian
Signature if Participant is Under Age 18)

Date