

GENERAL CLASS / ACTIVITY REGISTRATION / WAIVER

Class/Activity Name_____

NAME_____DATE OF BIRTH_____

ADDRESS_____Male/Female_____

CITY_____STATE_____ZIP CODE_____

PHONE (H)_____(W)_____

CELL PHONE_____Accept Text messages Yes/No (cancellations, new programs, time to register for etc..)

If Yes-Cell Phone Provider_____EMAIL ADDRESS_____

EMERGENCY CONTACT_____PHONE_____

WAIVER OF CLAIMS AND RELEASE FROM LIABILITY

I RELEASE, ABSOLVE AND AGREE TO HOLD HARMLESS AND INDEMNIFY Person County and its Recreation, Arts and Parks Department, their staff, sponsors and representatives from and against any and all liability, and from and against any claims, demands, costs or expenses, or causes of action arising out of or in connection with the above trip/activity for which I have registered.

I expressly acknowledge that I am aware that the above activity, even under the safest of condition possible, **may involve risk to me**. Nevertheless, **I expressly assume all risk or hazard** related or coincidental to, arising out of or connected to, the above trip/activity, including risk of loss or damage to property and/or personal injury or death, however caused. If I have any questions or concerns, or I feel I do not have adequate information about risks or hazard of the above activity, I realize that I should not sign this Waiver and Release before satisfying myself completely about such question or concern.

I represent to the Person County Recreation, Arts and Parks Department, knowing that it will rely on my representation, that I have the experience, training, and knowledge appropriate to participate in the above trip/activity without supervision or special precautions. I also represent that I do not have any special needs or require special accommodation necessary for me to participate safely in the above trip/activity. If I do, however, have special needs or require special accommodation, then I have disclosed them to the appropriate staff person of the Person County Recreation, Arts & Parks Department. I realize and agree that the Person County Recreation, Arts & Parks Department may decline to allow me to register for the above trip/activity due to such special needs or required special accommodation.

COVID 19 WAIVERS

I further understand that I assume the risk and waive liability relating to Coronavirus/COVID-19. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

I understand that the Person County Recreation, Arts, and Parks Department has put in place preventative measures consistent with the current recommendations of the Federal CDC, NC Department of Health and Human Resources and the Person County Health Department to reduce the spread of COVID-19; however, I understand all preventative measures cannot guarantee that I or my child(ren) will not become infected with COVID-19. I know that attending events and programs could increase my risk and my child(ren)'s risk of contracting COVID-19.

I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending events and programs operated by the Person County Recreation, Arts, and Parks Department and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Person County Recreation, Arts, and Parks Department events and programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Recreation, Arts, and Parks employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with myself or my child(ren)'s attendance of events and programs operated by Person County Recreation, Arts and Parks Department. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Person County, its employees, agents, and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Person County, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any event or program offered by Person County Recreation, Arts, and Parks Department.

PERMISSION TO USE PICTURES AND RECORDINGS

I give my permission and grant to the Person County Recreation, Arts & Parks Department the right to make pictures and sound recordings of me or my child and the right to use such pictures and sound recordings, including the right to identify my child's name, likeness, voice and words, in television, film, newspaper, magazine, internet, and other media of any form, for the purpose of advertising and communicating the purpose and activities of the Person County Recreation, Arts and Parks Department and for the purpose of applying for funds to support those purposes and activities.

PERSON COUNTY'S RIGHT TO REFUSE USE AND PARTICIPATION

I understand that Person County Government reserves the right to refuse the use of Recreation, Arts and Parks facilities and participation in programs due to failure to disclose details of the events for facilities rentals and use, disregard of the rules, laws, and policies, or any related reason that will have the potential to negatively affect the quality of the facilities, public safety, image/perception of the facilities, and/or any other negative effect toward Person County Recreation, Arts and Parks Department.

REPRESENTATION OF PHYSICAL CONDITION AND WAIVER OF RIGHTS

I further represent that I am physically fit to participate in the above trip/activity and have not otherwise been informed or cautioned to restrict my physical activities by a physician. I am of legal age and competent to sign this Waiver and Release. **I REALIZE THAT I AM GIVING UP LEGAL RIGHTS AGAINST PERSON COUNTY AND ITS RECREATION, ARTS & PARKS DEPARTMENT BY SIGNING THIS WAIVER. I HAVE READ THIS WAIVER AND RELEASE FULLY AND UNDERSTAND ALL ITS PROVISIONS.**

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ALL TERMS AND BY SIGNING, ON BEHALF OF MYSELF OR MY MINOR CHILD(REN) HAVE GIVEN UP SUBSTANTIAL RIGHTS AND ENTER INTO THIS AGREEMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of minor (if applicable): _____

Participant signature (or parent/guardian if participant is under 18): _____

Date: _____