

Middlesex County Parks & Recreation
P.O Box 428
Saluda, Va 23149
804-758-0057

Activity Registration Form

Adult Name: (Last) _____ (First) _____ (MI) _____
Address: _____
City: _____ State _____ Zip Code _____
Phone: (Home) _____ Work: _____ Cell: _____

Participant Information

Activity: _____
Participants Name: (Last) _____ (First) _____ (MI) _____
(Sex): _____ (Age): _____ (Birthday): _____
(Grade): _____ (School): _____

Fee: _____
Subtotal: _____
Discount: _____
Out of County: (\$5.00): _____
Amount Paid: _____
Balance: _____

Receipt Number _____ Form of Payment (Cash) ____ (check #) _____ (Money Order) _____

Assumption of Risk and Release:

In agreeing to participate in the program, as an adult participant or as a parent or guardian of a participant, I and/or the participant do hereby affirm that the general health of the participant is good and that the participant is not adversely affected by exercise and that the participant is capable of performing and activity of this nature.

In consideration of participating in this activity, I and/or the participant do hereby assume all risk of and injury to the participant and will indemnify and hold harmless, from any and all liability, action, cause of actions, claims, and demands of every kind of nature whatsoever that I and/or the participant have or which arise or in connection with my participation in this activity, the County of Middlesex, Virginia, the Middlesex County Board of Supervisors, the Middlesex County Department of Parks and Recreation, the Middlesex County School Board, and all their officers, agents, employees, staff, volunteers, and successors.

It is likewise assumed and agreed that the participant will wear proper clothing and protective equipment during the activity and that it is the responsibility of the participant or parent or guardian to make sure the criteria is met. I grant permission to transport the participant to and from the event when required and hold harmless those assigned to transport. I also agree to allow transportation of the participant to the nearest physician or hospital for medical treatment, and agree to allow for immediate first aid to the injured participant when deemed necessary.

I also give my permission _____/do not give permission _____ to have my child photographed for use in the local paper _____ or the Middlesex Parks & Recreation Website _____. (Please check all that apply.)

Participant Signature or Parent or Guardian if under 18: _____
Date: _____