

PROGRAM NUMBER _____



**MONMOUTH COUNTY PARK SYSTEM
RELEASE FORM**

PARTICIPANT NAME _____

(Please print)

I have enrolled myself or my child/dependent in a program sponsored by the Monmouth County Board of Recreation Commissioners (Board) and in connection with the enrollment, I certify that:

1. I have read the synopsis of the program and I hereby accept and assume all of the risks of my or my child's/dependent's participation in the program.
2. To the best of my knowledge, my child/dependent or I are physically able to participate in the program and I know of no physical condition and/or disability, which would prevent my or his/her participation in the program.
3. My child/dependent or I will abide by the decisions of the program leader with regard to all aspects of the activities within the program.
4. To the best of my knowledge, my child/dependent or I have all of the necessary qualifications to perform all activities in the program.
5. I hereby agree to hold harmless and release the Board, its employees, agents, and the County of Monmouth from all claims that I or my child/dependent may have including the institution of a lawsuit against the County of Monmouth, County Board of Recreation Commissioners, its agents, officers or employees for injuries or losses sustained by me or my child/dependent as the result of my or my child/dependent participation in the program.
6. I give permission for the use, without fee, of my or my child's/dependent's name and picture in any broadcast, telecast, or print media account of this program for promotional and publicity purposes.
7. ON OCCASION, MEDICAL EMERGENCIES MAY ARISE WHICH REQUIRE THE MEDICAL SERVICES OF ATTENDING PHYSICIANS, OTHER MEDICAL SERVICES, AND/OR HOSPITAL SERVICES WITHOUT RECEIVING THE PATIENT'S CONSENT. THEREFORE, IN THE EVENT OF NEED FOR EMERGENCY MEDICAL SERVICE, I AUTHORIZE AND CONSENT TO SAID SERVICES BEING PROVIDED TO MYSELF OR MY CHILD/DEPENDENT.

Participant's Signature
(Parent or Guardian if minor)

Date

Minor's Signature (under 18 yrs. of age)

Date

Minor's Birth Date

Emergency Contact's Name (please print)

Work #

Home #