

**ORANGE COUNTY DEPARTMENT OF ENVIRONMENT, AGRICULTURE, PARKS AND RECREATION
REGISTRATION FORM**



Payment is required at time of registration, mail payment and registration to
OCPR, PO Box 8181, Hillsborough, NC 27278
919 245-2660



PARTICIPANT'S NAME	DATE OF BIRTH	GENDER	PROGRAM NAME AND NUMBER	SHIRT SIZE

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ COUNTY _____ EMAIL _____

IF PARTICIPANT IS UNDER 18 YEARS OF AGE

MOTHER/GUARDIAN _____ WORK # _____ CELL # _____

IF PARTICIPANT IS UNDER 18 YEARS OF AGE

FATHER/GUARDIAN _____ WORK # _____ CELL # _____

EMERGENCY CONTACT PERSON _____ PHONE # _____

PLEASE LIST ANY DISABILITIES AND/OR MEDICATIONS _____

(Athletic Programs Only) WOULD YOU LIKE TO HEAD COACH? YES ___ NO ___ ASST. COACH? YES ___ NO ___

DO YOU HAVE A SIBLING PLAYING IN THE SAME SPORT IN THE SAME AGE GROUP? _____

HOW DID YOU HEAR ABOUT THIS PROGRAM? _____

LIABILITY RELEASE - In consideration of my/my child's participation in the aforementioned Orange County program or activity, I hereby release and discharge Orange County, Orange County Department of Environment, Agriculture, Parks and Recreation (DEAPR), and any and all employees or agents thereof from all claims of any kind or nature whatsoever arising out of actions of the above said employees or agents. To the extent allowed by law, I also consent to the transportation of myself/my child by above said employees or agents to and from such programs or activities conducted as part of this Orange County DEAPR program. I have informed Orange County DEAPR staff of any physical and/or cognitive conditions that may hinder my/my child's participation in or enjoyment of the program or activity. I further understand that general liability insurance coverage **is not** provided by Orange County DEAPR or any sponsoring agent.

MEDICAL RELEASE - This is to certify that I (participant above), or parent of above participant in the Orange County activity, hereby grant permission to the adult volunteer or supervisor of the program to obtain medical care from any licensed physician, hospital, or medical clinic for the participant named herein at such times as either parent, legal guardian, or emergency contact cannot be contacted in person or by telephone. This authorization shall include all activities, including the period required to travel to and from those activities; and we do hereby waive, release, absolve, indemnify and agree to hold harmless Orange County, Orange County DEAPR, any sponsoring agent and any volunteer; the organizers, supervisors, participants, and person transporting the player to and from those activities, for any claim arising out of any injury to the participant.

PHOTO POLICY - Orange County DEAPR reserves the right to photograph and publish photographs of participants for publicity purposes. Photographs may also be shared with the program instructors.

REFUND POLICY - Program fees are 100% refundable when the program is cancelled by the department. If requested prior to seven days in advance of the first program date, a full refund less a \$5 administrative fee will be given. If requested between two and six days of the start of the program, a 50% refund less \$5 will be given. No refund will be given if requested less than two days before the start of the program. No administrative fee is charged if a household credit is accepted.

PARTICIPANT SIGNATURE
(IF UNDER 18 PARENT/GUARDIAN MUST SIGN)

DATE



RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the Orange County Government (hereinafter referred to as "Orange County") and any participation in any program affiliated with Orange County, without respect to location, I, for myself and any personal representatives, heirs, dependents and next of kin, hereby acknowledge and agree to the following while at or on Orange County premises, regardless of location:

1. I have inspected, or immediately upon entering or participating will inspect and carefully consider, Orange County premises, facilities and any program and entering and remaining or participating constitutes an acknowledgement that I find and accept the facility and any program as being safe and reasonably suited for the purpose of observation, use, or participation.
2. I hereby release, save, and hold harmless Orange County, its directors, officers, employees, and agents (hereinafter referred to as "Releasees") and each of them from any loss, liability, damage, or cost that I may incur due to my or my dependent's presence, upon, or about the Orange County premises or in any way observing or using any facilities or equipment of Orange County or participating in any program affiliated with Orange County.
3. I acknowledge that participation in Orange County activities or facilities involves known and unanticipated risks which could result in injury, paralysis or permanent disability, death, and property damage. I hereby assume full responsibility for the risk of any injury, paralysis, disability, death, or property damage or loss while in, about, or upon the premises of Orange County or location of a program affiliated with Orange County and release, waive, and covenant not to sue the Releasees. I understand and accept all such risks as may be present or become present at any Orange County facility or any program in which I or my dependent's may participate.
4. I hereby agree that my or my dependent's participation in these activities or facilities is voluntary, and we elect to participate despite the risks. If at any time I believe that event conditions are unsafe or that I or my dependent are unable to participate due to physical or mental conditions, I will immediately discontinue participation for myself or my dependent. I represent that in being at any Orange County facility or participating in any Orange County program neither I nor my dependent have any medical or physical conditions which could interfere with our safety or the safety of any third party.
5. I represent that I have adequate insurance to cover any injury or damage I or my dependent may suffer or cause while participating in this activity or else I agree to bear the costs of such injury or damage myself and I agree to defend and indemnify the Releasees from and against any and all liability, damage, loss, or expense (including reasonable attorneys' fees and all litigation costs) arising from or in connection with my or my dependent's presence at or use of any Orange County facility or my or my dependent's participation in any program together with any third party claims, suits, actions, demands, or judgments under any theory of liability (including without limitation actions in the form of tort, warranty, or strict liability) resulting from or arising out of my or my dependent's presence at or use of any Orange County facility or my or my dependent's participation in any program.
6. I hereby agree that Orange County may photograph or capture video or audio or both of me or my dependent while participating in an Orange County activity or program or while at or on Orange County premises or on any other affiliated Orange County property and Orange County may use those photographs video, or audio for its marketing purposes and any governmental purpose and further agree to release both Orange County and Releasees from any claim, damage, cost, or liability related to that use; waiving all claims for myself, my child and any and all heirs, dependents and next of kin. I agree to defend and indemnify the Releasees from and against any and all liability, damage, loss, or expense (including reasonable attorneys' fees and all litigation costs) arising from or in connection with such use of photographs, video, or audio together with any third party claims, suits, actions, demands, or judgments under any theory of liability (including without limitation actions in the form of tort, warranty, or strict liability) resulting from or arising out of such use of photographs, video, or audio.
7. I understand that the Releasees do not have medical personnel available at the location of the Orange County facilities and programs. I hereby grant the Releasees permission to administer first aid or to authorize emergency medical treatment or transport, if reasonably necessary, and fully consent to such first aid, reasonable emergency medical treatment, or transport for myself and my dependent. I understand and agree that any such action by the Releasees shall be subject to the terms of this Release, Indemnification, and Hold Harmless Agreement ("Agreement"), including any liability arising from the negligence of the Releasees when administering first aid or authorizing others to do so and any related transportation. I understand and agree that the Releasees do not assume responsibility for any injury or damage which might arise out of or in connection with such authorized first aid, emergency medical treatment, or transportation.
8. I give permission for myself and my dependent to be transported by Orange County as needed for field trips, inclement weather, or late pick-ups.



RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT

9. I expressly agree that this AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of North Carolina and that if any portion hereof is held invalid the remaining portions shall remain in full legal force and effect.
10. I have read and reviewed [Orange County's Facility Use Policy \(the "Policy"\)](#), and understand my and my dependent's expectations for use of Orange County facilities or premises and all restrictions and authorizations contained in or referenced by the Policy.
11. I understand and acknowledge that any dispute arising out of the terms of this Agreement must be brought in the North Carolina General Court of Justice sitting in Orange County, North Carolina.
12. I HAVE READ AND VOLUNTARILY SIGN AND AGREE TO THIS AGREEMENT, and further agree that no oral representations, statements, or inducement apart from the foregoing written Agreement have been made.

Participant/Guardian Signature (Adult) _____

Printed Name _____

Dependent's Name(s) _____

Date _____