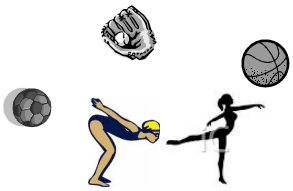

INCLINE VILLAGE
PARKS & RECREATION

Parks & Recreation Department
980 Incline Way
Incline Village, NV 89451
PHONE (775) 832-1310 FAX (775) 832-1380
www.inclinerecreation.com
EMAIL: parksandrec@ivgid.org

YOUTH PROGRAM WAIVER FORM

SEPTEMBER 2009-AUGUST 2010

NAME OF PARTICIPANT: _____
FIRST LAST

REGISTRATION IS NOT COMPLETE UNTIL PAYMENT IS RECEIVED.

PLEASE REVIEW THE GENERAL YOUTH REGISTRATION FORM TO INSURE IT IS CURRENT FOR EACH PROGRAM THIS YEAR.

PARENTS

ARE YOU INTERESTED IN: ☐ VOLUNTEER COACHING? ☐ REFEREE?
☐ OFFICIATING? ☐ TEAM PARENT?

INHERENT RISKS

There are inherent risks in any program /activity that a youth participates. A copy of the inherent risks associated with the program/activity that a youth will be participating in can be obtained from any Parks & Recreation staff member upon request.

WAIVER

I hereby, for myself, for my youth, and/or for my heirs, executors, and administrators, do hereby **RELEASE, HOLD HARMLESS, AND INDEMNIFY** the Parks & Recreation staff, the organizers and/or sponsors of the program / activity noted on the back of this form, and IVGID, its officers, representatives, agents, trustees, and employees, from any and all liability for any damages and/or bodily injury, including death, which they may suffer due to my youth's participation in the noted program/activity. I understand that anyone participating in any program /activity as indicated on the back of this form may be exposing himself or herself to the risk of bodily injury or property damage due to the nature and inherent risks of such programs/activities, and I agree to assume such risks.

PHOTOGRAPH RELEASE

The undersigned also consents (either self or minor child) to be photographed and irrevocably grants to the District the right to use and incorporate photographs taken at any District program or event. This consent and grant of rights is unconditional and without limitation as to time or method of use.

_____ _____
PRINT OF PARENT OR GUARDIAN DATE

_____
SIGNATURE OF PARENT OR GUARDIAN

DATE	PROGRAM / ACTIVITY	SESSION or DATES	LEVEL/AGE GROUP	REQUESTED INHERENT RISKS LIST (YES / NO)	PARENT/ GUARDIAN SIGNATURE or REC CLERK (PHONE / ONLINE REG)	REC CLERK INITIALS UPON PAYMENT
						REGISTERED ☐ PAID_____
						REGISTERED ☐ PAID_____
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