

## April's Fools 23 Mile Hike 2017 REGISTRATION FORM

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  Female  Male

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip : \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Receive texts?  Yes  No

Choose One:

T-Shirts	Youth Size	S	M	L				
T-Shirts	Adult Size	S	M	L	XL	XXL	XXL	

Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Receive texts?  Yes  No

Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Receive texts?  Yes  No

**In an emergency when parent/guardian cannot be reached, please contact the following:**

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Please list any Allergies :

Please list other medical conditions:

<i>Official Use Only</i>			
RECEIPT NUMBER	AMOUNT	Received BY (Initials)	DATE
<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CHECK	<input type="checkbox"/> CASH	Check Number #

# Georgia State Parks and Historic Sites Registration and Waiver Release Form

I understand that there are risks of injury or death or damage to property involved in my participation in such an event, that it is my responsibility to insure the safety of the equipment used and to see that it is operated properly, and that the Georgia Department of Natural Resources and its staff and representatives assume no responsibility for the condition of such equipment, its operations, or safety of the activities involved in this event. In consideration of the acceptance of this registration by the Department, I waive and release and hold harmless the Department and its staff and representatives from any and all claims of damages against the Department and its staff and representatives for injury, or death or damage to property that may occur as a result of or in connection with this event and agree to pay, protect, indemnify and save against all liabilities, damages, costs, expenses, causes of action, suits, demands, judgments and claims of any nature whatsoever arising from, by reason of, or in connection with any injury or death of persons or damage to property arising from, by reason of or in connection with my participation in this event.

I further understand that such an event requires all participants to be in good health and without physical limitations and I certify that I am in good health and have no physical limitations.

I also give permission for Georgia State Parks and Historic Sites to take my photograph to be used in future publications.

**Participant  
Name:**

City:

State:

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\_\_\_\_\_  
*Participant Signature*

\_\_\_\_\_  
*Date*

## **For minors, please see below!**

### REGISTRATION, GENERAL RELEASE OF LIABILITY AND COVENANT NOT TO SUE FOR MINORS

I/We understand that there are risks of injury or death or damage to property involved in my/our child's participation in such an event, that it is my/our responsibility to insure that safety of equipment, if used, and to see that it is operated properly, and that the Georgia Department of Natural Resources and its officers, staff, representatives and agents assume no responsibility for the condition of such equipment, its operation, or the safety of the activities involved in this event. In consideration of the acceptance of this registration by the Department and the benefits derived from my child's participation in this event, I/We waive, release and covenant not to sue upon any claim of damages against the Department and its officers, staff, representatives and agents, including, but not limited to, claims for wrongful death, medical expenses, personal injury and damage to property, that may occur as the results of my/our child's participation in this event.

Furthermore, I/We agree to pay, protect, indemnify and save the Department and its officers, staff, representatives and agents harmless from and against all liabilities, damages, costs, expenses, cause of actions, suits, demands, judgments, and claims of any nature whatsoever, including, but not limited to any liability the Department may incur, arising from, by reason of, or in connection with my child's participation in this event.

I/We further understand that such an event requires all participants to be in good health and without physical limitations and I/we certify that my/our child is in good health and have no physical limitations.

I/We have read this entire form, including the statement of good health, acceptance of risk and waiver, and release and indemnification provisions. All information I/we have given is accurate and correct.

I/we also give permission for Georgia State Parks and Historic Sites to take my photograph to be used in future publications.

**Always consult with your physician or other qualified healthcare provider before engaging in any physical activity.**

**Participant  
Name:**

City:

State:

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\_\_\_\_\_  
*Participant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*