

**REGISTRATION, WAIVER, RELEASE AND
INDEMNIFICATION FORM**

EVENT:

DATE:

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 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, representatives, agents, and officers assume no responsibility for the condition of such equipment, its operations, or safety of the activities involved in this event. I/we waive, release, and covenant not to sue upon any claims of damage 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 result of my/our child's participation in this event.

Furthermore, I/we agree to pay, indemnify and save the State of Georgia, the North Georgia Mountains Authority, and the Department and its officers, staff, representatives and agents harmless from and against all liabilities, damages, costs, expenses, causes of action, suits, demands, judgments, and claims of any nature whatsoever, including, but not limited to, any liability the Department may incur because of the Department's negligent conduct, arising from, by reason of, or in connection with my/our 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 has no physical limitations.

(Please Print)

FULL NAME _____ AGE _____

PARENT'S NAME(if participant is a minor) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____

Please list any medical care or physical condition we should be aware of (Examples: diabetic, special medications).

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

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

PARTICIPANT'S SIGNATURE _____ DATE _____

MINOR MOTHER/FATHER'S SIGNATURE _____ DATE _____

MINOR LEGAL GUARDIAN _____ DATE _____