



Churchill County Facilities, Parks and Recreation Department
 325 Sheckler Road Fallon, NV 89406 (775) 423-7733 (775) 423-7734 Fax

HOLD HARMLESS AGREEMENT

In Consideration of My *Youths* (Age 17 and Under) Participation In The
Martial Arts Program Being Offered by Churchill County

I, _____, do hereby give permission for my child, to participate in the
 (Printed Name of Parent/Guardian)

Churchill County **Martial Arts Program**. I agree to hold Churchill County and all those instructors and assistants on the **Martial Arts Program**, harmless and free of all liabilities or suits, claims, or demands of every kind or character arising out of and in connection with the program provided by Churchill County. I acknowledge that this program includes physical activities that may carry with it the potential of serious injury and/or minor injury. The risks include, but are not limited to, those caused by physical contact between participants, equipment, facilities and environments. I further certify that my child has no ailment or organic defect that would make participation in this activity dangerous to his/her health.

In case of an emergency, accident or serious illness, I request that I be contacted, if possible. If I cannot be reached within a very few minutes, I hereby authorize Churchill County and the **Martial Arts Program** Representative to make whatever arrangements deemed necessary for medical assistance. I agree to pay for such medical care.

 Initials **PHOTO RELEASE.** I also understand that due to the nature of this program, I/my child may be included in photos or video that will be used for media information or advertising of future programs. I understand by signing this hold harmless agreement I authorize the use of any photos or video taken during this program.

 Initials I agree to pay a returned check fee of \$25.00 for each returned check/payment, which is returned unpaid, for any reason, by my bank or financial institution.

Does your child require an accommodation because of a disability to enjoy this program? Yes _____ No _____
 If yes, please explain: _____

 Printed Name of Participant

 Age

 Grade

 Participant's Mailing Address

 City

 Zip

 Home Phone

Parent/Guardian's email address: *(optional)* _____



 Parent/Guardian's Signature

 Date

 Parent/Guardian's Cell. Phone *

➔ *May we send you text messages regarding the martial arts program? Yes _____ No _____

In case of emergency, contact:

 Name

 Home Phone

 Cell. Phone

"Churchill County, Nevada, is an equal opportunity provider and employer."