



# 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 **Football Camp 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 **Football Camp Program**. I agree to hold Churchill County and all those instructors and assistants on the **Football Camp 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 **Football Camp 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      \_\_\_\_\_  
Shirt Size: Youth or Adult  
Shirt Size: S M L XL 2X

\_\_\_\_\_  
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 football program? Yes \_\_\_\_\_ No \_\_\_\_\_

In case of emergency, contact:

\_\_\_\_\_  
Name      \_\_\_\_\_  
Home Phone      \_\_\_\_\_  
Cell. Phone

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