



**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 *Child's* (Age 17 and Under) Participation In The  
**KinderJam Program** Being Offered by Churchill County

I, \_\_\_\_\_, do hereby give permission for my child, to participate  
 (*Printed Name of Parent/Guardian*)

in the Churchill County **KinderJam Program**. I agree to hold Churchill County and all those instructors and assistants on the **KinderJam 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 or 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 **KinderJam 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.

**Parent/Guardian's Signature**

Date

Parent cell. or work number

|                              |       |      |                        |
|------------------------------|-------|------|------------------------|
| Printed Name of Participant: |       | Age: | Gender:<br>Male Female |
| Mailing Address:             | City: | Zip: | Home Phone:            |

In case of emergency, if parent cannot be reached, please contact:

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Home Phone

\_\_\_\_\_  
 Day Phone

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

*Updated: 03/2016*