



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 & Under)* Participation In The
Yoga Program Being Offered by Churchill County

I, _____, do hereby give permission for my child, to

Printed Name of Parent/Guardian

participate in the Churchill County **Yoga Program**. I agree to hold Churchill County, it's employees, instructors and assistants on the **Yoga 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, facilities and environments. I further certify that my child/ward has no ailment or organic defect that would make participation in this activity dangerous to his/her health. I understand that participants should consult a physician before beginning any exercise program.

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 **Yoga 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.

Printed Name of Child (Participant) Age Home Phone

Participant's Mailing Address City Zip

Parent/Guardian's Signature Date Parent/Guardian's Day Phone

In case of emergency, contact:

Name Home Phone Day Phone

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

Updated: 11/2013