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
Fitness Boot Camp 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 **Fitness Boot Camp Program**. I agree to hold Churchill County and all those instructors and assistants of the **Fitness Boot 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, minor injury, and death. The risks include, but are not limited to, those caused by physical contact between participants, equipment, facilities, terrain, 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.

_____ ***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.**
Initials

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 **Fitness Boot Camp Program** Representatives to make whatever arrangements deemed necessary for medical assistance. I agree to pay for such medical care.

_____ _____ _____
Printed Name of Participant Age Parent's Email Address (optional)

_____ _____
Participant's Mailing Address City Zip Home Phone

_____ _____
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."