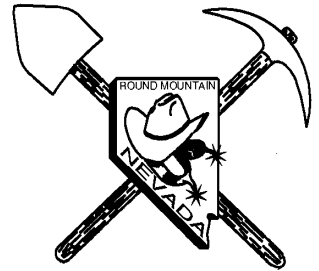


TOWN OF ROUND MOUNTAIN

Recreation Department
P.O. Box 1330
Round Mountain, Nevada 89045-1330
(775) 377-1166 Fax (775) 377-1105



PARTICIPATION WAIVER:

I agree to allow my child to participate in Town of Round Mountain (TRM) Youth Programs and travel in the TRM provided transportation when related to Youth Program's. I understand the risks inherent in normal program activities and travel. I further recognize that TRM and all its agents and employees are not insurers of safety and release them from any and all liability claims and demands which may arise from participation in their programs. I further understand that TRM reserves the right to cancel any child's enrollment if the child's conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interests of the program.

I accept I decline

MEDICAL WAIVER:

I hereby authorize Town of Round Mountain (TRM) authorities to procure medical and hospital aid for my child in the event that he or she has become sick or injured and I cannot be reached immediately. I further authorize TRM is to call and/or arrange for transportation to a medical facility if deemed necessary. It is understood that the parent/guardian will be responsible for the cost of any emergency transportation and for any subsequent medical care, unless the costs are otherwise covered by insurance.

Insurance Company _____

I accept I decline

Policy # _____

PHOTO WAIVER:

I hereby grant the Town of Round Mountain (TRM) permission to use the likeness of my child/children, listed below, in photograph(s)/video in local publications, bulletin boards, Recreation Dept. Facebook site and other Community approved publications. I will not hold the TRM responsible for the approved copying or display of the pictures we publish.

I accept I decline

Parent/Guardian Information Signature: _____

Print name of adult: _____

Address: _____ City: _____ State: _____ ZIP _____

Email: _____ Phone: _____
Where you may be reached during event

Participant Information:

Name of Participant: _____ Age: _____ Birthdate: _____

Name of Participant: _____ Age: _____ Birthdate: _____

Name of Participant: _____ Age: _____ Birthdate: _____

Name of Participant: _____ Age: _____ Birthdate: _____