Program Liability Waiver

This form must be completed prior to participation in any program of the Brazoria County Parks Department or in any Brazoria County park.

Participant:

Full Name: _____

Birth date: __ __ / __ __ / _____ __Male __Female

Address: _____

City, State, Zip Code: _____

Contact Home: _____ Work: _____ Cell: _____

e-mail address: _____

Emergency Contact Information

Name: _____

Relationship to Participant: _____

Contact Home: _____ Work: _____ Cell: _____

LIABILITY WAIVER AGREEMENT

I understand that I am participating in a program with the Brazoria County Parks Department at my own risk of injury with full understanding and recognition of the potential dangers (including serious injury or death) inherent to participating in or observing archery programs/demonstrations.

I hereby release Brazoria County, its officers, agents, employees, and all other persons affiliated with this program from any liability whatsoever arising from my participation in the sponsored program. The release includes injuries caused by negligence of the persons being released. I certify that I understand the potential risk to not only participants, but bystanders and observers from my participation in the sponsored program including injuries caused by negligence of the persons being released.

**** Photos may be taken of participants/programs for promotional use and remain property of the Brazoria County Parks Dept.**

Participant Signature: _____ **Date:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____