



City of Charlottesville Adaptive Recreation Liability/Photo Release Form

Name Birthdate Male Female (circle one) Address City Zip Home # Cell # Work # City Resident County Resident Email address Attending program as aide for:

Emergency Contacts:

Name: Phone: Name: Phone:

Health restrictions, allergies, or special needs:

Liability Release: I understand the nature and scope of adaptive recreation activities. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand my responsibility to follow safety rules and stay within supervision. In consideration of my/the participant's being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the City of Charlottesville, it's employees, agents, operators and instructors from any and all claims, demands, costs, charges, and expenses for harm, injury, damage or loss which may be sustained by me/the participant as a result of or relating to participation in this activity.

Photo Permission: I give the City of Charlottesville, its officials and employees, to photograph or videotape the above named participant. I understand and agree that the participant's picture and any materials he or she has produced during the program may be placed on the City's website or within other materials publicizing the City's Recreation Programs. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I HAVE READ, AND UNDERSTAND THE ABOVE LIABILITY/PHOTO RELEASE.

In witness whereof, I have executed this Liability Release as my own free act on the Day of (year)

X Participant and or X Parent/Guardian (if under 18 year of age)