



MARK WILLIAMS
COMMISSIONER

BECKY KELLEY
DIRECTOR

Program Registration and Waiver Release

Event: _____ Date: _____

I understand that there are risks of injury or death or damage to property involved in my participation in such an event, that it is my responsibility to insure that safety of equipment, if used, and to see that it is operated properly, and that the Georgia Department of Natural Resources and its officers, staff, representatives and agents assume no responsibility for the condition of such equipment, its operation, or the safety of the activities involved in this event. In consideration of the acceptance of this registration by the Department and the benefits derived from my participation in this event, I waive, release and covenant not to sue upon any claim of damages against the Department and its officers, staff, representatives and agents, including, but not limited to, claims for wrongful death, medical expenses, personal injury and damage to property, that may occur as the results of my participation in this event.

Furthermore, I agree to pay, protect, indemnify and save the Department and its officers, staff, representatives and agents harmless from and against all liabilities, damages, costs, expenses, cause of actions, suits, demands, judgments, and claims of any nature whatsoever, including, but not limited to any liability the Department may incur, arising from, by reason of, or in connection with my participation in this event.

I further understand that such an event requires all participants to be in good health and without physical limitations and I certify that I am in good health and have no physical limitations.

I also give permission for Georgia State Parks and Historic Sites to take my photograph to be used in future publications.

(Please Print or Type)

NAME: _____ AGE: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME NUMBER: _____ WORK NUMBER: _____

Please list any medical care or physical condition we should be aware of:

I have read this entire form, including the statement of good health, acceptance of risk and waiver, and release and indemnification provisions. All information I have given is accurate and correct.

SIGNATURE: _____ DATE: _____