

GLOUCESTER COUNTY PARKS & RECREATION PROGRAM PARTICIPATION AGREEMENT

2018 Scotland Run Park Programs

Participant Registration at Scotland Run Park, 908 E. Academy Street, Clayton, NJ 08312

Phone: (856) 881-0845 or (856) 881-3618 FAX: (856) 881-6402 Hours: Monday to Friday, 8:30 a.m. to 4:00 p.m.

IMPORTANT: READ CAREFULLY. This document affects your legal rights. It must be signed by you, the "participant." It must be signed by your Parent or Legal Guardian if you are a "participant" under 18 years of age. The Parent or Legal Guardian agrees to these terms individually, and on behalf of the minor, to the extent permitted by law. Only a Parent or legally appointed Guardian may sign for a minor participant. References in this agreement to "I" include all who sign below and all minor participants.

PROGRAM PARTICIPATION REGISTRATION AGREEMENT/WAIVER/RELEASE OF LIABILITY

ATTENTION: Please fill out this form **COMPLETELY**. One registration form is required per participant or family.

Print Participant Name: _____ Age: _____ Print Participant Name: _____ Age: _____
 Print Parent/Guardian Name: _____ Address: _____
 Email: _____ Phone: _____
 Print Emergency Contact Name: _____ Emergency Contact Phone: _____

Check all that apply. I am Registering for the Following Programs. Participation is on a First Come First Served Basis from Date of Registration.

<p align="center">Scotland Run Nature Tots (Tuesdays) At the Scotland Run Pk. Nature Center</p> <p><input type="checkbox"/> 3/6 – Windy <input type="checkbox"/> 4/3– April Fool You <input type="checkbox"/> 3/13 – Green Walk <input type="checkbox"/> 4/10 –April Showers <input type="checkbox"/> 3/20 – Could it be Spring? <input type="checkbox"/> 4/17 – Earth Day <input type="checkbox"/> 3/27 – Eggs <input type="checkbox"/> 4/24- Lake Study</p> <p>Time: <input type="checkbox"/> 9:00am-10am <input type="checkbox"/> 10:30am-11:30am</p>	<p align="center">Red Bank Nature Tots (Wednesdays) At the Ann Whitall House</p> <p><input type="checkbox"/> 3/7 – Windy <input type="checkbox"/> 4/4– April Fool You <input type="checkbox"/> 3/14 – Green Walk <input type="checkbox"/> 4/11 –April Showers <input type="checkbox"/> 3/21 – Could it be Spring? <input type="checkbox"/> 4/18 – Earth Day <input type="checkbox"/> 3/28 – Eggs <input type="checkbox"/> 4/25- Gardening with Mary</p> <p>Time: <input type="checkbox"/> 9:00am-10am <input type="checkbox"/> 10:30am-11:30am</p>	<input type="checkbox"/> Campfire/Night walk <input type="checkbox"/> Nature Lessons <input type="checkbox"/> Nature Explorers <input type="checkbox"/> Nature Watch <input type="checkbox"/> Naturalist Program <input type="checkbox"/> Other
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For and in consideration of the opportunity to participate in the above Scotland Run Program(s), ("Program") offered by the County of Gloucester (hereinafter "County") Participant, or Parent or Legal Guardian of a minor participant, on behalf of the minor participant, understand, acknowledge and agree as follows:

- Indoor and associated outdoor activities such as those associated with the Programs may be dangerous, and may include hazards or risks that are inherent and cannot be reasonably avoided without changing the nature of the activity. Hazards and risks include, rocks, trees and debris; steep, slippery and unstable terrain; weather that may expose participants to sun, cold, wind, rain, hail, lightening and flash floods; water born pathogens; animals; and, poisonous plants. This list is incomplete. There may be other known and unknown risks.
- I agree to obey all federal, state, county, and municipal laws and regulations, including, but not limited to, the rules and regulations of the County's Parks and Recreation Department. I and/or the minor participant will wear appropriate protective footwear and clothing. I will follow all directions and instructions given regarding the Program, and its associated activities. County reserves the right to dismiss any participant from the Program if in the sole discretion of its agent or supervisor it is determined that participant has failed to abide by the rules or regulations of the Program or poses a threat to his/her safety or the safety of others. Further, I will not participate, nor engage in any of the activities of the Program if I am under the influence of alcohol or drugs.
- I am participating voluntarily in the activities of the Program. I am aware of the risks to my person and to my property by accident, injury or otherwise. I acknowledge and expressly assume all risks of the activities of or associated with the Program, whether or not described above, known or unknown and inherent or otherwise. I take full responsibility for any injury or loss, including death, which I, or a minor child for whom I sign may suffer, arising in whole or part out of such activities.
- A.** I hereby release, waive, discharge, and hold harmless, the County and its agents, officers, servants and employees from any and all claims, actions, causes of action, injury or loss which I, or the minor child for whom I sign to the extent permitted by law, may suffer arising out of or in any way related to the Program and Program activities.
- B.** I will indemnify, defend and hold harmless (that is, defend or satisfy by payment or reimbursement, including costs and reasonable attorney's fees) the County and its agents, officers, servants and employees from any and all claims, actions, causes of action or losses for bodily injury, property damage, wrongful death, loss of services or otherwise, which may arise out of the Program, and the participation in the activities of the Program.
- I authorize the County, and its agents, offices, servants and employees, to secure from any licensed hospital, physician and/or medical personnel any treatment deemed reasonable and necessary for any minor child for whom I sign immediate care and agree that I will be responsible for payment of any and all medical services rendered.
- In the event that any provision of this agreement shall be, or become, invalid under any law, applicable regulation, or Court decision, such invalidity shall not affect the validity or enforceability of any other provision of this agreement; so that the remainder of the agreement shall nevertheless remain in full force and effect.
- The terms and provisions of this agreement shall be construed pursuant to, and in accordance with, the laws of the State of New Jersey. It is agreed that the venue of any action, writ or dispute that may arise out of this agreement shall be Gloucester County, New Jersey.
- I agree to pay all costs and attorneys fees incurred by the County in defending an action, claim or suit brought by me, or on behalf of a minor for whom I signed, if the action, claim or suit is withdrawn, or to the extent a Court determines that the County is not responsible for the claimed injury or loss.

I HAVE READ AND UNDERSTAND THE ABOVE AGREEMENT ENTERED INTO VOLUNTARILY AND AFTER CAREFUL CONSIDERATION, I KNOWINGLY GIVE UP SUBSTANTIAL RIGHTS. I UNDERSTAND THAT ITS TERMS CANNOT BE AMENDED EXCEPT IN WRITING AND THAT IT IS BINDING, TO THE FULLEST EXTENT ALLOWED BY LAW. ANY PERSON UNDER THE AGE OF 18 YEARS MUST HAVE A PARENT/LEGAL GUARDIAN SIGN THIS AGREEMENT/WAIVER/RELEASE OF LIABILITY. I SIGN AS PARTICIPANT, OR AS PARENT/LEGAL GUARDIAN OF ALL MINOR PARTICIPANTS.

List any medical conditions, allergies and/or medications your Child(ren) are taking:

I hereby grant full permission to the sponsor and agents authorized by them to use any photo, videotape, recording or any other record of these activities for legitimate purpose.

Authorized Signature _____ **Date** _____ **Print Name** _____

The County of Gloucester complies with all state and federal rules and regulations and does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality, sex, veteran status or military service in admission to, access to, or operations of its programs, services, activities or in its employment practices. In addition, Gloucester County encourages the participation of people with disabilities in its programs and activities and offers special services to all County residents 60 years of age and older. Inquiries regarding compliance may be directed to the EEO office at (856)384-6903 or through the County's ADA Coordinator at (856) 384-6842/New Jersey Relay Service 711.