

Martinsville Parks & Recreation Canoe Participation Form



Please read and sign this form when registering yourself or your minor child or ward (under the age of 18) for participation in our programs.

In consideration of myself or my minor child or ward being permitted to enroll and participate in this program, I agree to:

1. Assume all risks of this activity and understand that such activity is subject to mishap and even injury, and that participation in the activity could result in broken limbs, paralysis, or other serious injury or death.
2. Attend program pre-meeting(s), when offered, to learn specific program safety procedures;
3. Grant permission to transport me or my minor child or ward to and from the activity if required, and to hold harmless those who provide transportation;
4. Allow transportation of me or my minor child or ward to the nearest physician for medical treatment and agree to allow for immediate medical treatment when deemed necessary;
5. Wear proper clothing and protective equipment during the program and act in a safe and responsible manner so as not to endanger other persons or property;
6. Indemnify and hold harmless the City of Martinsville, its officers, officials, agents, instructors, employees, and volunteers from any and all claims, damages, losses, and expenses, including attorneys fees, for any harm, injury, damage or loss which may be sustained by me or my minor child or ward, arising out of, or resulting from, participating in this activity;
7. Assign to the City of Martinsville, its nominees and agents, permission to use, publish and republish for purposes of advertising and trade such use as the City may determine, information and reproductions of my likeness (photographic or otherwise) or that of my minor child or ward, with or without identification of me, or my minor child or ward by name; and
8. Allow my minor child or ward named below to participate in the program.

Participant's Name (please print): _____

Address: _____ **Phone:** _____ **Cell Phone** _____

Participant's Signature: _____ **Date** _____ **20** _____

Parent or Legal Guardian: _____ **Date** _____ **20** _____

**PLEASE
DON'T
DRAG
CANOES
ACROSS
PARKING
LOT!!!**

Medical Consideration

I understand that participation in this activity is, by nature, physically demanding. Therefore, the participant must be free of medical or physical conditions which might create undue risk to themselves or others who might depend on them (use additional sheets for individual registered above, if necessary).

1. What disabilities or conditions does the participant have which might limit participation in this activity? _____

2. What medications, if any, does the participant take at this time? _____
3. What allergies, if any, does the participant have at this time? _____
4. Emergency Contact Person (s): _____ Phone: _____

Permit Amt. - \$30.00 Deposit Amt. - \$10 Paid Cash _____ **Check #** _____ **Staff Initials** _____

DATE RENTED: _____

DATE TO BE RETURNED – KEY, LIFE JACKETS, PADDLES: _____