

SHARON JOHNSTON PARK REGISTRATION & RELEASE CARD

Time _____

Program Swim Team

Date _____

Fee _____ Year _____

Last Name	First Name	Middle Name	When Born	Month	Day	Year
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_____ / _____

Street Address or Route	City	State	Zip	Phone No.
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I/we, the parents of the above-named child, hereby approve our child's participation in the above-listed program(s) at Sharon Johnston Park, and, for the sole consideration of our child being allowed to participate in the program(s), hereby release and forever discharge and covenant not to sue Madison County, the Madison County Commission, its officials and employees and all other persons, firms or corporations liable or who might be claimed to be liable to me/us from any and all claims or causes of action, known or unknown, both to person and property which may result from my child's participation in the said program(s), including transportation to or from such program(s); and I/we hereby agree to indemnify and hold harmless Madison County, the Madison County Commission, its officials and employees and all other persons, firms or corporations liable or who might be claimed to be liable to me/us from any and all claims or causes of action, known or unknown, which our said child may have against them resulting from my child's participation in the said program(s).

I/We agree to be responsible for equipment issued to my/our child, and will return this equipment, (cleaned), when it is requested.

I/We will furnish a copy of a birth certificate of the above named upon request.

Sharon Johnston Park does not have insurance on participants.

SPECIFY SPECIAL NEEDS TO ACCOMMODATE THE PHYSICALLY CHALLENGED. _____

Age _____ School _____ Grade _____

Family Doctor _____ Family Doctor Phone _____

Parent's Signature _____ Date _____