



**Escambia County**  
**Department of Parks and Recreation**  
*Child/Youth Registration Form*

WAIVER FOR PARTICIPANT

I do hereby agree to indemnify, defend and hold harmless Escambia County, its officers, employees, agents, and volunteers from all actions, liabilities, claims, damage to personals or property, losses, costs, penalties, obligations, errors, or omissions that may be asserted by any person, firm, or entity arising out of or in connection with the activities conducted by the applicant or programs offered by Escambia County, whether or not there is concurrent passive or active negligence on the part of Escambia County Personnel.

PHOTO RELEASE

I do hereby grant authorization to Escambia County, Florida to use photographs of myself or the program participants(s) for publicity purposes. I hereby authorize the use of photographs taken of me for publicity purposes.

Program \_\_\_\_\_

Date \_\_\_\_\_ Facility / Location \_\_\_\_\_

**Child's Information**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ - \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Escambia County Resident \_\_\_\_\_Y \_\_\_\_\_ N

**Parent/Guardian Information**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (    ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Emergency Contact Phone 1. (    ) \_\_\_\_\_ - \_\_\_\_\_ 2. (    ) \_\_\_\_\_ - \_\_\_\_\_

**By signing below I understand that I am agreeing to the terms of this waiver.**

\_\_\_\_\_

\_\_\_\_\_

Parent / Guardian Signature

Date

*Official Use Only*

Fees Paid \_\_\_\_\_ Staff Initials \_\_\_\_\_



**Escambia County**  
**Department of Parks and Recreation**  
*Adult Registration Form*

WAIVER FOR PARTICIPANT

I do hereby agree to indemnify, defend and hold harmless Escambia County, its officers, employees, agents, and volunteers from all actions, liabilities, claims, damage to persons or property, losses, costs, penalties, obligations, errors, or omissions that may be asserted by any person, firm, or entity arising out of or in connection with the activities conducted by the applicant or programs offered by Escambia County, whether or not there is concurrent passive or active negligence on the part of Escambia County Personnel.

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Program \_\_\_\_\_

Date \_\_\_\_\_ Facility / Location \_\_\_\_\_

**Participant's Information**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Male \_\_\_ Female \_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Escambia County Resident \_\_\_\_\_ Y \_\_\_\_\_ N

Emergency Contact Name \_\_\_\_\_ Relation to Participant \_\_\_\_\_

Emergency Contact Phone 1. ( ) \_\_\_\_\_ - \_\_\_\_\_ 2. ( ) \_\_\_\_\_ - \_\_\_\_\_

Circle T-Shirt Size (if applicable) Small Medium Large X-Large Other \_\_\_\_\_

**By signing below I understand that I am agreeing to the terms of this waiver.**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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*Official Use Only*

Fees Paid \_\_\_\_\_ Staff Initials \_\_\_\_\_