

LOS ALAMOS COUNTY AGREEMENT TO PARTICIPATE AND RELEASE OF LIABILITY AND INDEMNIFICATION

Participant:	Child:	Adult:	Gender: Female	Male	
DOB:Day	Phone:	Cell/Pager:			
Address/City/State/Zip:		Email address:			
If participant is a child, Parent/Guardian	name:		Gender: Female	Male	
DOB:Day	Phone:	Cell/Pager:			
Address/City/State/Zip:		Email	address:		
I desire and agree to participate in the Incorporated County of Los Alamos					
The activity will take place, at leas Liability and Indemnification is give			and the Agreement,	and Release of	
I acknowledge that there are certain the nature of the risks. I understand injury or death to me, my family n members and my guests prior to the	that these hazards or rembers, or my guests.	isks could resu	lt in property damage,	illness, bodily	
In consideration for County allowin County property as necessary or required that may be suffered by me, my participation in the activity, and I representative, estates, heirs, next of damage to my property, my family n members, or my guests, including decaused by negligence of the COUNT and hereby agree to <i>indemnify</i> and damages and costs and expenses the family or guests.	family members, or in hereby <i>release</i> COUN kin, and assigns from a members, or my guests a eath, that may result from TY, its governing body, hold harmless COUNT	all risk of property guests that ITY, its governing and all claims of or any and mor occur during officers, employ from and a	perty damage, illness, t may result from or rning body, officers, or ms and causes of action all illness or injury to ng participant in the ac oyees, or representative gainst any and all cla	injury or death r occur during employees and on for loss of or me, my family ctivity, whether e, or otherwise, ims, liabilities,	
I agree to fully comply with all appli	cable local, state or fede	eral laws, rules	and regulations.		
I HAVE READ THIS AGREEMEN ITS CONTENTS AND VOLUNTAI				NDERSTAND	
SIGNATURE OF PARTICIPANT			DATE		
SIGNATURE OF PARENT/GUARDIAN IF	PARTICIPANT IS A MINO	OR	DATE		

For same child and participating in same program but different sessions and dates please complete backside of this page.

Session Date:	
SIGNATURE OF PARTICIPANT	DATE
SIGNATURE OF PARENT/GUARDIAN IF PARTICIPANT IS A MINOR	DATE
Session Date:	
SIGNATURE OF PARTICIPANT	DATE
SIGNATURE OF PARENT/GUARDIAN IF PARTICIPANT IS A MINOR	DATE
Session Date:	
SIGNATURE OF PARTICIPANT	DATE
SIGNATURE OF PARENT/GUARDIAN IF PARTICIPANT IS A MINOR	DATE
Session Date:	
SIGNATURE OF PARTICIPANT	DATE
SIGNATURE OF PARENT/GUARDIAN IF PARTICIPANT IS A MINOR	DATE