



Required Information and Hold Harmless Agreement FALL 2018

Child's Full Name: _____

Emergency Contact Information

Contact #1: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Contact #2: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Special Needs and/or Allergies:

Special Pick-Up or Car Pool Arrangements:

RELEASE AND HOLD HARMLESS AGREEMENT

PERMISSION TO PROVIDE EMERGENCY MEDICAL TREATMENT: Realizing the nature of this program, its physical demands and how important it is to follow rules, regulations, and instructions outlined by the staff of the Cobb County Parks, Recreation and Cultural Affairs Department (CCPRCAD). I am, to the best of my knowledge, in good health and able to participate in the program. I authorize the staff of the CCPRCAD to organize any required medical or first aid procedure or to take the undersigned to a hospital emergency room for treatment. If any major treatment is required, I understand that every effort will be made to notify the individual indicated as emergency contact beforehand by telephone. The undersigned hereby forever releases, discharges, and covenants to hold harmless the CCPRCAD, The Cobb County Recreation Commission, the Cobb County Arts Commission, the Cobb County Board of Commissioners, and Cobb County, Georgia and any person, firm or corporation charged or chargeable with responsibility of liability, their heirs, administrators, executors, successors, and assignees from any and all claims, demands, damages, costs, expenses, loss of services, actions, and causes of action belonging to the undersigned or arising out of any act or occurrence in connection with and particularly on account of all personal injury disability, property damage, loss or damages of any kind sustained or that may hereafter be sustained arising out of the matters described herein or in consequence of the participation in the recreation program sponsored by the CCPRCAD. The undersigned hereby bind their heirs, administrators, executors and successors. Further, this Agreement shall apply to all unknown and unanticipated injured and damages, directly or indirectly resulting here from. This Release and Hold Harmless Agreement shall constitute a full and complete release of any and all claims.

Student Name: _____

Student/Parent / Guardian Signature: _____ **Date:** _____

Media Waiver

I grant permission for my child's photograph or my photograph, images or quotations to be published in print (newsletters, brochures, newspapers, etc) or on the internet, shown on television, or used in videos in conjunction with media coverage of events for the Mable House Arts Center.

Student Name: _____

Student/Parent / Guardian Signature: _____ **Date:** _____