Georgia State Parks and Historic Sites Registration and Waiver Release Form

Event:	Date:

I understand that there are risks of injury or death or damage to property involved in my participation in such an event, that it is my responsibility to insure the safety of the equipment used and to see that it is operated properly, and that the Georgia Department of Natural Resources and its staff and representatives assume no responsibility for the condition of such equipment, its operations, or safety of the activities involved in this event. In consideration of the acceptance of this registration by the Department, I waive and release and hold harmless the Department and its staff and representatives from any and all claims of damages against the Department and its staff and representatives for injury, or death or damage to property that may occur as a result of or in connection with this event and agree to pay, protect, indemnify and save against all liabilities, damages, costs, expenses, causes of action, suits, demands, judgments and claims of any nature whatsoever arising from, by reason of, or in connection with my participation in this event.

I further understand that such an event requires all participants to be in good health and without physical limitations and I certify that I am in good health and have no physical limitations.

Full Name		
Street Address		
City	State	Zip
Age		
Please list any medical care or physical conditions to (Examples: diabetic, or special medications). \Box	that the event co	oordinators should be aware of
I have read this entire form, including the statement waive, release and indemnification provisions. All correct.	0	1
Signature		_Date:
Photo/Film Release - Photographs/film may be us including electronic publications, or in audiovisual	•	1

advertising, or in other similar ways.

Signature_____