



Horry County Parks & Recreation Registration Form

PARTICIPANTS NAME #1: _____ DATE OF BIRTH: ___ / ___ / ___ AGE: _____ Gender: Male Female
 PARTICIPANTS NAME #2: _____ DATE OF BIRTH: ___ / ___ / ___ AGE: _____ Gender: Male Female
 PARTICIPANTS NAME #3: _____ DATE OF BIRTH: ___ / ___ / ___ AGE: _____ Gender: Male Female
 ADDRESS: _____
 CITY _____ ZIP CODE: _____ E-MAIL ADDRESS: _____
 TELEPHONE: HOME: _____ WORK: _____
 EMERGENCY CONTACT: _____ PHONE: _____
 MEDICAL INFORMATION: _____
 SHIRT SIZE (if required): YS YM YL AS AM AL AXL PARENT'S NAME: (for Youth Programs) _____
 Notes: _____

PROGRAM TITLE	SITE	DAYS	TIME	FEE
		MTWRF Sa Su		
		MTWRF Sa Su		
		MTWRF Sa Su		
		MTWRF Sa Su		

You must sign the **Release, Waiver, and Hold Harmless Agreement** located on this registration form in order to be able to participate in the program you have registered for. **TOTAL:**

MAIL TO: Horry County Parks & Recreation 307 Smith Street • Conway, SC 29526	METHOD OF PAYMENT: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check - Check # _____ Note: \$30 processing fee on all returned checks. <input type="checkbox"/> Credit Card - ___ VISA ___ MASTERCARD Exp Date: _____ APPROVAL CODE: _____ Credit Card # _____ RECEIPT # _____
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RELEASE, WAIVER, AND HOLD HARMLESS AGREEMENT

NOTICE: Please read this carefully and sign below to indicate you have read and fully understand this notice and its contents, and agree to its terms.

FOR YOURSELF OR YOUR MINOR CHILD, AS PARTICIPANT IN THIS PROGRAM, YOU AGREE:

I have chosen to participate in this event sponsored by the Horry County Parks and Recreation Department. I understand that this program has risks of injury and damage to person and property ranging from slight to severe, as with such physical games and sports. I undertake that risk of my own free will, and understand that I alone am responsible for my safety while I am either preparing to play, or engaging in play, or am otherwise on or near the premises where the program takes place.

By signing this Waiver, I am indicating that I understand these facts, and that I am participating in this activity **at my own risk**. I further represent that I have undertaken to prepare myself for this program, and I have not received any medical or other professional advice to abstain because of my health or physical condition. I know of no reason why I should not participate in this program.

If I am injured in any way during the conduct of this program, I authorize Horry County to seek whatever medical attention may appear to be necessary, and I will be financially responsible for such care. I further authorize Horry County to conduct drug testing on me before allowing me to participate in the program, and I further agree to participate in any random drug-testing program Horry County operates during the program or at its end.

I authorize Horry County to photograph me and reproduce such likeness for the purposes of promoting this program without compensation to me.

I further agree that I release and hold harmless Horry County, its agents, employees, officials, and representatives, from any and all injuries and losses that I may sustain as a result of my voluntary participation in this event.

SIGNATURE

DATE

PRINT NAME

RELATIONSHIP (if signed by parent/guardian)