

Georgia State Parks and Historic Sites Registration  
Registration, General Release of Liability and  
Covenant Not to Sue for Minors

EVENT: \_\_\_\_\_ DATE: \_\_\_\_\_

I/We understand that there are risks of injury or death or damage to property involved in my/our child's participation in such an event, and that it is my/our responsibility to insure the safety of equipment, if used, and to see that it is operated properly and that the Georgia Department of Natural Resources and its officers, staff, representatives and agents assume no responsibility for the condition of such equipment, its operation, or the safety of the activities involved in the event. In consideration of the acceptance of this registration by the Department and the benefits derived from my/our child's participation in this event, I/we waive, release, and covenant not to sue upon any claim of damages against the Department and its officers, staff, representatives, and agents, including, but not limited to, claims for wrongful death, medical expenses, personal injury and damage to property, that may occur as the result of my/our child's participation in this event.

Furthermore, I/we agree to pay, protect, indemnify and save the Department and its officers, staff, representatives, and agents harmless from and against all liabilities, damages, costs, expenses, causes of action, suits, demands, judgments, and claims of any nature whatsoever, including, but not limited to, any liability the Department may incur, arising from, by reason of, or in connection with my child's participation in this event.

I/we further understand that such an activity requires all participants to be in good health and without physical limitations, and I/we certify that my/our child is in good health and has no physical limitations.

*(Please Print)*

CHILD'S FULL NAME \_\_\_\_\_

PARENT/GUARDIAN FULL NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AGE \_\_\_\_\_

Please list any medical care or physical condition we should be aware of. (Examples: diabetic, asthma, special medications) \_\_\_\_\_

I/we have read this entire form including the statement of good health, acceptance of risk and waiver, and release and indemnification provisions. All information I have given is accurate and correct.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*(Parent/Legal Guardian)*