**Madison County Parks and Recreation**

**Travel Team Registration Form**

**Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Cost is $150 per team***

***Each team member needs to read and sign below:***

**Assumption of Risk and Release:**

In agreeing to participate in this program, as an adult or parent/guardian of a minor participant, I do hereby affirm that the general health of the participant is good and is not adversely affected by exercise and is capable of participation in this activity.

In consideration of participation in this activity, I hereby assume all risk of any injury and will indemnify and hold harmless, from any and all liability, action, cause of action, claims and demands of every kind of nature whatsoever that I have or which arise from or in connection with my participation in this activity, the County of Madison, VA, the Madison County Board of Supervisors, Madison County Department of Parks and Recreation, Madison County School Board and all their officers, agents, employees, staff and volunteers.

It is likewise assumed and agreed that the participant will, at his or her own expense, wear the proper clothing and protective equipment during the activity, and that it is the responsibility of the participant and or parent/guardian to make sure the criteria are met. I also agree to allow transportation of the participant to the nearest physician or hospital for medical treatment and agree to allow for immediate first aid to the injured participant, if and when deemed necessary.

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| --- | --- | --- | --- |
| Print Name | Signature | Gender | Contact Phone |
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Registration fees Rec’d: \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_