FAMILY NATURE PALOOZA REGISTRATION AND WAIVER

Date: _____ Home Zip Code: _____ School District: _____

Number of Kids: _____ Number of Adults: _____

Waiver of Liability: I agree that by participating in the Children's Advisory Commission of Indiana County's *Family Nature Palooza*, I and any additional parties and minor children listed below do so at our own risk. I assume all risk of injury, illness, damage or loss to me or my property that may result, including without limitation, any loss or theft of personal property.

I and any additional parties and minor children listed below, consent to medical treatment in the event of injury, accident and/or illness during the Children's Advisory Commission of Indiana County's *Family Nature Palooza.* I agree to be legally bound, for myself, my heirs, next of kin, executors, and administrators, and voluntarily assume all risks of accident or injury and release and forever discharge, indemnify and hold harmless the Children's Advisory Commission of Indiana County, Blue Spruce Park, The County of Indiana, Pennsylvania and its officers, employees, members, representatives, agents, volunteers, and/or sponsors ("Released Parties") from any and all liability for personal injury or property damage of any kind sustained during the Children's Advisory Commission of Indiana County's *Family Nature Palooza* .

I acknowledge that any photographs taken at the event may be used in electronic publications, promotional literature or advertising.

Adults:

PRINT NAME _____ SIGNATURE _____
(First and Last Names) (First and Last Names)
PRINT NAME _____ SIGNATURE _____
(First and Last Names) (First and Last Names)
PRINT NAME _____ SIGNATURE _____
(First and Last Names) (First and Last Names)
PRINT NAME _____ SIGNATURE _____
(First and Last Names) (First and Last Names)

Emergency Contact Name & Number (if only 1 adult): _____

Children in Attendance			
Name (Please Print)	**Child's Age**	**Name (Please Print)**	**Child's Age**