



PROGRAM REGISTRATION AND WAIVER/ RELEASE OF LIABILITY
Kalamazoo River Valley Trail Programming

Participants Name(s) **Event or Program Name/Date(s)**

Address: **Email:** **Phone**
(Street Address) (City) (Zip Code)

Emergency Contact (1) **Phone** **Emergency Contact (2)** **Phone**

In consideration of Kalamazoo County Parks sponsoring, or providing the opportunity for participation in the above event/program, the undersigned:

1. Acknowledges and fully understands that I will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might not result not only from my actions, inactions, the negligence of others, the rules of play, or the condition of the premises or of any equipment. Further, that there may be other risks not known to me or reasonably foreseeable at this time; and,
2. Assume all of the foregoing risks and accept personal responsibility for any damages following such injury, permanent disability or death; and,
3. RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the County of Kalamazoo, the Kalamazoo County Parks and Fairground Department and their respective employees, officers, and representatives (RELEASEES), from any liability to the undersigned, my heirs and next of kin for any and all claims, demands, losses, or damages on account of injury including death or damage to property, caused or alleged to be caused in whole or in part by the RELEASEES.
4. Give permission to the Kalamazoo County Parks Department to use my image or picture, and/or the image or picture of the minor child in any park related marketing material. I understand I will not receive any compensation or remuneration for the use of the pictures.
5. Understand that children under the age of 16 must be accompanied by an adult to participate in KRVT programs/events.

I HAVE READ THIS REALEASE AND UNDERSTAND THE EFFECT OF THE TERMS AND CONDITIONS OF THE RELEASE. I ALSO UNDERSTAND THAT THIS RELEASE SHALL BE IN EFFECT FOR ANY AND ALL ACTIVITIES RELATED TO THE USE OF THE KALAMAZOO RIVER VALLEY TRAIL, AND ACTIVITIES RELATED TO THE KALAMAZOO RIVER VALLEY TRAIL.

Signature of participant

Date

Signature of parent or guardian if participant
is less than 18 yrs. of age.

Date

PLEASE CALL 373-5073 TO REGISTER FOR THE PROGRAM OF YOUR CHOICE, AND BRING THIS COMPLETED FORM THE DAY OF THE PROGRAM/EVENT.