



Event: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name (print): \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

County: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **Participant Waiver**

I understand that there are risks of injury or death or damage to property involved in my participation in such an event, that it is my responsibility to insure the safety of the equipment used and to see that it is operated properly, and that the Georgia Department of Natural Resources and its staff and representatives assume no responsibility for the condition of such equipment, its operations, or safety of the activities involved in this event. In consideration of the acceptance of this registration by the Department, I waive and release and hold harmless the Department and its staff and representatives from any and all claims of damages against the Department and its staff and representatives for injury, or death or damage to property that may occur as a result of or in connection with this event and agree to pay, protect, indemnify and save against all liabilities, damages, costs, expenses, causes of action, suits, demands, judgments and claims of any nature whatsoever arising from, by reason of, or in connection with any injury or death of persons or damage to property arising from, by reason of or in connection with my participation in this event.

I further understand that such an event requires all participants to be in good health and without physical limitations and I certify that I am in good health and have no physical limitations. I further warrant that my health and physical condition are sufficiently good to allow me to perform this assignment without danger to myself or to others. I have read this entire form, including the health acceptance of risk, waiver release, and indemnification provisions and agree to the terms therein.

**I have read this entire form, including the health acceptance of risk, waiver release, and indemnification provisions.**

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **CEWC Photo, Video, and Audio Consent and Release Form**

From time to time photographs, videos, and/or audio clips may be taken of youth and adults engaging in Charlie Elliott Wildlife Center programs and activities. The Charlie Elliott Wildlife Center and Department of Natural Resources request the right to use all photos, videos, and/or audio clips taken of program participants, programs, and activities. These may be used for promotional brochures, promotions or showcase of programs on our web sites, showcase of activities in local newspapers, and other not-for-profit purposes.

**By signing this form, I consent to allow Charlie Elliott Wildlife Center and the Department of Natural Resources to use photos, videos, and/or audio clips that they have of me or my child participating in Charlie Elliott Wildlife Center's programs.**

**By signing this form, I confirm that I understand and agree to the above requests and conditions. I agree to give up my rights with regards to photos, videos, and/or audio clips of me. I sign this form freely and without inducement.**

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_