



## EVENT REGISTRATION & WAIVER FORM

### EVENT REGISTRATION INFORMATION

Please list everyone in your household attending this event, activity, or program.

#### Head of Household Information

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

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

City/State/Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

#### **FOR CAREGIVERS OF PARTICIPANT(S) UNDER 18 OR ADULT WITH AN INTELLECTUAL DISABILITY**

I \_\_\_\_\_, certify that I am the direct caregiver of the participant(s) named  
Print Caregiver Name  
below and that I am responsible for their welfare at this event.

Caregiver's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**THIS BOX IS FOR USAGE ON THE DAY OF THE EVENT ONLY IF NO PARENT/GUARDIAN IS PRESENT**

#### Event Participant(s)

First and Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ☐ Person with a Disability

First and Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ☐ Person with a Disability

First and Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ☐ Person with a Disability

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**Parents/Guardians Please Read and Sign Waiver on Page 2**

## RELEASE AND WAIVER OF LIABILITY

In consideration of participating at this FHFGBR event, program, or activity, the undersigned acknowledges, appreciates and agrees that:

1. **Waiver and Release:** We, the Participant(s) and Guardian(s) release and forever discharge and hold harmless FHFGBR and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the activities as participant(s) with FHFGBR, including claims arising out of negligence. We understand and acknowledge that this Release Discharges FHFGBR from any liability or claim that we may have against FHFGBR with respect to bodily injury, personal injury, illness, death, or property damage that may result from Participant(s) involvement in FHFGBR's activities.
2. **Insurance:** We, the Participant(s) and Guardian(s) affirm that the Participant(s) are covered by primary medical insurance and understand that we are responsible for Participant(s) medical bills if injury occurs. Further, we understand that FHFGBR does not assume any responsibility for or obligation to provide the Participant(s) with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of the Participant(s) injury, illness, death or damage to their property. We expressly waive any such claim for compensation or liability on the part of FHFGBR beyond what may be offered freely by FHFGBR in the event of such injury or medical expenses incurred by the Participant(s).
3. **Assumption of Risk:** We, the Participant(s) and Guardian(s), understand that the activities provided by FHFGBR and which the Participant(s) are involved in may include activities that are inherently dangerous to the Participant(s). We hereby expressly assume the risk of injury or harm of the Participant(s) from these activities and Release FHFGBR from all liability for injury, illness, death, or property damage resulting from these activities.
4. **Photographic Release:** We, the Participant(s) and the Guardian(s), grant and convey to FHFGBR all right, title, and interest in any and all photographs, images, video or audio recordings of the Participant(s) or their likeness or voice made by FHFGBR in connection with the Participant(s) involvement in FHFGBR's events, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
5. **Medical Treatment:** We, the Participant(s) and Guardian(s), hereby Release and forever discharge FHFGBR from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the Participant(s) activity with FHFGBR. We give our consent for FHFGBR to provide, administer, or obtain medical treatment for the Participant(s).
6. **Other:** We, the Participant(s) and Guardian(s), expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Louisiana and that this Release shall be governed by and interpreted in accordance with the laws of the State of Louisiana. We agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, EXPRESS MY UNDERSTANDING AND INTENT TO ENTER INTO THIS RELEASE AND WAIVER OF LIABILITY KNOWINGLY AND VOLUNTARILY.**

**PARTICIPANT (over 18)** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### **FOR PARTICIPANTS UNDER 18 OR ADULT WITH AN INTELLECTUAL DISABILITY**

This is to certify that I, as parent/guardian with legal responsibility for the participant(s), do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child(ren), or adult with intellectual disability's involvement or participation in this event, program, or activity as provided above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed