



Churchill County Facilities, Parks and Recreation Department
 325 Sheckler Road Fallon, NV 89406 (775) 423-7733 (775) 423-7734 Fax

HOLD HARMLESS AGREEMENT

In Consideration of My *Youths* Participation In The
Fallon Flipperz Tumbling Program Being Offered by Churchill County

I, _____, do hereby give permission for my child to participate in the Churchill
(Printed Name of Parent/Guardian)

County **FALLON FLIPPERZ TUMBLING Program**. I agree to hold Churchill County, its employees, instructors and assistants on the **FALLON FLIPPERZ TUMBLING**, harmless and free of all liabilities or suits, claims, or demands of every kind or character arising out of and in connection with the program provided by Churchill County. I acknowledge that this program includes physical activities that may carry with it the potential of serious injury and/or minor injury. The risks include, but are not limited to, those caused by physical contact between participants, facilities and environments. I further certify that my child has no ailment or organic defect that would make participation in this activity dangerous to his/her health.

In case of an emergency, accident or serious illness, I hereby authorize Churchill County and the **FALLON FLIPPERZ TUMBLING Program** Representative to make whatever arrangements deemed necessary for medical assistance. I agree to pay for such medical care.

Initials **PHOTO RELEASE.** I also understand that due to the nature of this program, I/my child may be included in photos or video that will be used for media information or advertising of future programs. I understand by signing this hold harmless agreement, I authorize the use of any photos or video taken during this program.

Initials I agree to pay a returned check fee of \$25.00 for each returned check/payment, which is returned unpaid, for any reason, by my bank or financial institution.

In case of an emergency, accident, or serious illness, I request that I be contacted, if possible. If I cannot be reached within a very few minutes, I hereby authorize Churchill County and the **FALLON FLIPPERZ TUMBLING Program** Representatives to make whatever arrangements are deemed necessary for medical assistance. I agree to pay for such medical care.

Printed Name of Participant	Parent's Primary Phone	Parent's Secondary Phone
Participant's Mailing Address	City	Zip
Parent/Guardian's Signature	Date	Participant's Age & Birthdate
		Parent's E-mail Address

In case of emergency, contact:

Name	Home Phone	Cell Phone
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"Churchill County, Nevada, is an equal opportunity provider and employer."

Updated: 11/2020