

## **FAMILY OUTDOOR CLUB REGISTRATION FORM**

**A Family Outdoor Club consists of two or more distinct families. Download and fill out this form, then bring it to either Fountain Creek or Bear Creek Nature Center to complete your registration.**

**Date:**

**Club Name:**

### **Name of First Family:**

Address:

City: State: Zip:

Phone #'s:

Email:

### **Name of Second Family:**

Address:

City: State: Zip:

Phone #'s:

Email:

### **Name of Third Family (if applicable):**

Address:

City: State: Zip:

Phone #'s:

Email:



COMMISSIONERS:  
CAMI BREMER (CHAIR)  
CARRIE GEITNER (VICE -CHAIR)

HOLLY WILLIAMS  
STAN VANDERWERF  
LONGINOS GONZALEZ, JR.



DEPARTMENT OF

COLORADO

COMMUNITY SERVICES

**INDEMNIFICATION AND WAIVER OF LIABILITY & PHOTO/VIDEO RELEASE**

THE UNDERSIGNED PERSON hereby acknowledges intent to participate in **Family Outdoor Clubs in El Paso County Parks and Open Spaces**. The Participant freely and unconditionally waives and releases El Paso County and all of the partner organizations, employees, representatives and agents and their successors and assigns them from all liability to the Participant, he /she personal representatives, assigned heirs and next of kin for any and all loss or damage and any resulting claims of demands due to injury to the person or property or death of the Participant, whether caused by the negligence of the El Paso County and the partner organizations or otherwise. The Participant further agrees to defend, indemnify and hold El Paso County and their partners harmless from and against any and all liabilities, demands, claims, damages, suits, judgments and decrees, and court awards including costs, expenses and attorneys' fees, on account of injuries to or death of any person or persons or damage to any property arising out of or related to the Participant's intentional or negligent acts, errors or omissions for the duration of the Participant's participation. This release is binding upon the Participant's heirs, executors, administrators, agents, liability insurers and assignees and shall be interpreted in accordance with Colorado law. The Participant represents that he/she is covered by adequate medical insurance.

I or my parent / guardian also authorizes and consents to the use of participant's name and/or picture in television, newsprint, advertisement, or other media.

**Adult / Parent / Guardian**

<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____