

Bertie County Recreation Department

Senior Participation Form

Please Print

Participants Name _____ DOB _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Name of Emergency Contact _____

Emergency Contact Number _____

Activity _____

Are you a full time resident of Bertie County? Yes _____ No _____

If not a resident of the county, please list your county. _____

Waiver /Release

I have enrolled in the above activity offered by the Bertie County Recreation Department. By my enrollment, I hereby state that I agree to assume all risk of injury which could result from participation in the above named activity. I hereby accept the supervision, instruction, facilities and equipment as being satisfactory for the activity named above. I have been given the opportunity to talk with the supervisor or instructor prior to my participation in this activity or waive the right to do such. I understand that immediately prior to each activity in the program states hereinabove, I have the opportunity to inspect the facility or equipment, and notify supervisor or instructor or the county of any objection to the facility and have the choice whether or not to participate in said in activity. I hereby release the Bertie County Recreation Department and its employees from any and all possible damages or injury which would be based upon the adequacy of the facilities, equipment, supervision or qualification of any instructor of their activity named hereinabove.

This is the _____ day of _____, _____.

Participant's Signature _____