Madison County Parks And Recreation Department

1569 Westover Road • Jackson, Tennessee 38301 • (731) 988-3850 Edward M. Smith, Director

MADISON COUNTY PARKS AND RECREATION DEPARTMENT

PROGRAM/SPECIAL EVENT

WAIVER

I/We, as parent(s) and or guardian(s) hereby give approval for:

(Print name/names) _____

_____

(Print name/names) _____

to participate in the Madison County Parks and Recreation Department:

Program_____
(Name of Program)

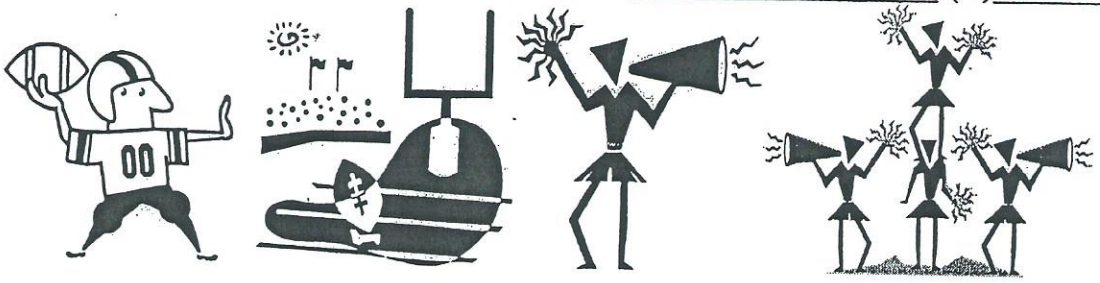
I grant permission to the Madison County Parks and Recreation personnel and staff to authorize and obtain emergency medical care for the participant.

I/We agree to be financially responsible for any such medical care,agree to indemnify and hold harmless Madison County Tennessee, it's employees, department agents and assigns as to the cost of said care and also as to any and all actions and causes of action of participation in the football/cheerleader program I/We understand that risks may exist during program activities.

I agree to return upon request the uniform and other equipment issued in as good a condition as when received, except for normal wear and tear. I further agree to pay for replacing any equipment which I fail to return or which is damaged beyond fair wear and tear.

Print Name: _____ Relation: _____

Signature: _____ Date: _____

Address: _____ Zip: _____
Street City State

Phone: (H)_____ (W)_____ (C)_____