



Program Registration Form



Please print clearly and fill out completely.

Does the participant live within the town limits of Buena Vista? Yes No

Would you like to be added to our email distribution list to receive program changes and future programming information: No, Thank You. Yes. My email address is: _____

Participant Information:

Name of Participant: _____

Date of Birth: _____ Age: _____ Sex: M F

Mobile Phone Number: _____

Mailing Address: _____

City/State/Zip Code: _____

Email Address: _____

Description of Special Needs, If Any: _____

Emergency Contact Information:

Name: _____

Mobile Phone Number: _____ Home/Work Phone Number: _____

Program Information:

Program Title	Date/Time	Queuing Time
BV Equine Parade	December 2, 2017 / 02:00pm	1:00 pm to 1:15 pm

This is a Release of Liability – Please Read Carefully Before Signing

In consideration for allowing me to participate in the Town of Buena Vista Recreational and Buena Vista Chamber of Commerce & Visitor Center Programs, I, the undersigned, voluntarily agree to indemnify and hold harmless the Town of Buena Vista, Colorado or Buena Vista Chamber of Commerce & Visitor Center, its officers, employees, agents, consultants, subcontractors, insurers and representatives (collectively the "Town" and the "Chamber"), for any loss, damage or injury to myself or my property in any way related to my participation in Town or Chamber recreation programs. I further agree to release, waive, and discharge the Town and the Chamber from, and covenant not to sue the Town or Chamber for, any claims, demands or actions whatsoever arising out of any damage, loss or injury incurred to me or my property in any way related to my participation in Town or Chamber programs. This release of liability applies equally to losses, damages or injuries caused or alleged to be caused in whole or in part by the negligence of the Town or Chamber, or third party (for example and not by way of limitations falls, contact with other participants, injuries relating to equipment or the condition of the facilities). This release of liability applies to me, the undersigned, as well as any of my children, personal representatives, assigns, heirs, and next of kin. I authorize the Town or Chamber, in a medical emergency to seek emergency medical assistance at my expense. I give permission and consent to the Town or Chamber to use any photographs, videotapes, or other media record of my participation in the Town or Chamber programs for any lawful purpose, without compensation to me or on my behalf.

I Have Read the Above Waiver and Release, I Understand That I Have Given Up Substantial Rights by Signing It, and I Sign This Waiver and Release Voluntarily.

Print Participant Name

Participant Signature (If Minor, Parent/Guardian Signature)

Date