GEORGIA
DEPARTMENT OF NATURAL RESOURCES

FORT MCALLISTER
STATE HISTORIC PARK

MARK WILLIAMS
COMMISSIONER

JEFF COWN
DIRECTOR

Program Registration and Waiver Release Form, Adult

Event:_____ Date:_____

I understand that there are risks of injury or death or damage to property involved in my participation in such an event, that it is my responsibility to insure the safety of the equipment used and to see that it is operated properly, and that the Georgia Department of Natural Resources and its staff and representatives assume no responsibility for the condition of such equipment, its operations, or safety of the activities involved in this event. In consideration of the acceptance of this registration by the Department, I waive and release and hold harmless the Department and its staff and representatives from any and all claims of damages against the Department and its staff and representatives for injury, or death or damage to property that may occur as a result of or in connection with this event and agree to pay, protect, indemnify and save against all liabilities, damages, costs, expenses, causes of action, suits, demands, judgments and claims of any nature whatsoever arising from, by reason of, or in connection with any injury or death of persons or damage to property arising from, by reason of or in connection with my participation in this event.

I further understand that such an event requires all participants to be in good health and without physical limitations and I certify that I am in good health and have no physical limitations.

I also give permission for Georgia State Parks and Historic Sites to take my photograph to be used in future publications.

Full Name _____ Age _____

Street Address _____

City _____ State _____ Zip _____

Please list any medical care or physical conditions that the event coordinators should be aware of (Examples: diabetic, or special medications).

I have read this entire form, including the statement of good health, acceptance of risk, and waive/ release and indemnification provisions. All information I have given is accurate and correct.

Signature _____Date _____