



Maggie Brooks
County Executive

MONROE COUNTY OFFICE OF THE AGING AND ROCHESTER-MONROE COUNTY YOUTH BUREAU EVENT REGISTRATION FORM

Please fill out and complete the following information:

Participant Name: _____ Date of Birth: _____
 Address: _____ City: _____
 State: _____ Zip Code: _____ Participant's School/Organization/Senior Center: _____
Participant's Signature: _____ **Date:** _____
Emergency Contact Name: _____ **Phone:** _____

For Youth Under 18:

Parent/Guardian's Name: _____
 Chaperone's Name (if other than parent/guardian): _____
 Parent/Guardian Home Phone: _____ Alt Phone: _____ Chaperone Phone: _____
 Parent/Guardian Email Address: _____
Parent/Guardian's Signature: _____ **Date:** _____

MONROE COUNTY LAW DEPARTMENT ASSUMPTION OF RISK AND RELEASE

READ CAREFULLY BEFORE SIGNING

I, _____, participating in the _____
 (PARTICIPANT NAME) (EVENT NAME)

do so at my own risk. I assume all responsibility for, and all risk of bodily injury, death or property damage that may occur to me as a participant in the program/event. Monroe County shall not be liable for any injuries or damages sustained by me. I fully and forever release and discharge Monroe County from any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of my participation in the program/event. I do hereby authorize Monroe County, and its representatives, successors, and assigns, and I do hereby consent for myself that it and they may use, reproduce, broadcast, telecast, announce, publish, present, and display my name, likeness, features, voice, identity or resemblance, whether singly or in combination, and whether contained or depicted in any photograph, film, picture, recording, tape, digital file or other reproduction, either still, moving, live, or delayed, or otherwise, in any representation, including Monroe County's website, whether visual or aural whatsoever, through any means or medium whatsoever and in any manner whatsoever, without restriction. No further notice to me or any other or further consent or authorization from me is required for any purpose whatsoever.

Parent/Guardian/Chaperone must complete if youth under 18:

I, _____, as the parent/guardian/chaperone of: _____:

- 1) Hereby grant permission for, _____, to participate in the Intergenerational Fishing Day.
- 2) The youth, _____, does so at his/her own risk. I assume all responsibility for, and all risk of bodily injury, death or property damage that may occur to my child as a participant in this program/event. Monroe County shall not be liable for any injuries or damages sustained by my child. I fully and forever release and discharge Monroe County from any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of my child's participation in the program/event.