

FDR State Park
Registration, General Release of Liability and
Covenant Not to Sue for Adults

EVENT: _____ DATE: _____

I understand that there are risks of injury or death or damage to property involved in my participation in a volunteer exercise, and that it is my responsibility to insure the safety of equipment, if used, and to see that it is operated properly and that the Georgia Department of Natural Resources and its officers, staff, representatives and agents assume no responsibility for the condition of such equipment, its operation, or the safety of the activities involved in the event. In consideration of the acceptance of this registration by the Department and the benefits derived from my participation in this event, I waive, release, and covenant not to sue upon any claim of damages against the Department and its officers, staff, representatives, and agents, including, but not limited to, claims for wrongful death, medical expenses, personal injury and damage to property, that may occur as the result of my participation as a volunteer.

Furthermore, I agree to pay, protect, indemnify and save the Department and its officers, staff, representatives, and agents harmless from and against all liabilities, damages, costs, expenses, causes of action, suits, demands, judgments, and claims of any nature whatsoever, including, but not limited to, any liability the Department may incur, arising from, by reason of, or in connection with my participation in this volunteer activity.

I further understand that such an activity 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.

(Please Print)

FULL NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

AGE _____

Please list any medical care or physical condition we should be aware of. (Examples: diabetic, asthma, special medications) _____

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

SIGNATURE _____ DATE _____