

# Skamania County Facilities and Recreation

## HOW TO REGISTER



*Mail In*

Simply fill out the form below, enclose payment, and mail to:  
P.O. Box 790  
Stevenson, WA 98648

*Call In*

Leave a detailed message at:  
427-3980



*Come In*

Visit us at:  
710 SW Rock Creek Drive  
Stevenson, WA 98648



Contact person #1 \_\_\_\_\_ Phone # \_\_\_\_\_

Contact person #2 \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address : \_\_\_\_\_

Special accommodations needed? Please specify: \_\_\_\_\_

## SIGN ME UP NOW!

Your Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_  
Street/PO BOX City/State/Zip

Name of Participant	Name of Class	Dates / Times of Class	Reg. Fee

*I understand that the Skamania County Community Events and Recreation Program does not provide insurance to their participants. I certify that I am physically and mentally able to participate in this class/activity/event. In addition, I hereby release and discharge Skamania County, its actions, claims or demands I, my heirs, distributees, guardians, legal representatives or assigns now have or may hereafter have for injury, death, or damage resulting from my participation in this class/activity/event.*

*If the participant is under the age of eighteen (18) at the time he/she executes this agreement, then the participant's parent or guardian must read and agree to the Release by signing below.*

*I, \_\_\_\_\_, am the lawful parent and/or guardian of \_\_\_\_\_, who has my permission to participate in this program and these activities. I have read and agree to this release, and will, by the execution of this agreement, also agree to not make any claims or take action against Skamania County as a result of \_\_\_\_\_'s participation in this program or activity. I further agree to fully indemnify and hold Skamania County, its public officials, employees, volunteers and agents harmless from all liability if \_\_\_\_\_, or his/her estate pursues any claims or actions against the County, its public officials, employees, volunteers and/or agents. In signing below, I authorize Facilities and Recreation to use my child's name and photograph for public relations purposes. You may opt out by checking the "photo opt out" box below.*



Participant Signature (if under 18, Parental Signature)

Date

*photo opt out check here*