



Poweshiek County Conservation Board



4896 Stagecoach Road
P.O. Box 666
Montezuma, IA 50171

Registration/Waiver Form

*Items in red are required

Program Name: _____

First Name: _____ Last Name: _____ Age: _____

Emergency Contact Name: _____ Emergency contact number: () _____

City/Zip: _____ Email Address*: _____

* to learn about upcoming programs

Fee Included: Yes: No (Pay at time of Event): Not Applicable:

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in any program or workshop provided by the Poweshiek County Conservation Board that you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program/workshop.

I recognize and acknowledge that there are certain risks of physical injury occurring during my participation in Poweshiek County Conservation Board programs/workshops and I agree to assume the full risk of any such injuries, damage or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such participation. I waive and relinquish all claims I or my child/ward may have against The Poweshiek County Conservation Board and its officers, agents, servants, volunteers, and employees as a result of my participating in programs/workshops. I hereby fully release and discharge The Poweshiek County Conservation Board and its officers, agents, servants, volunteers, and employees from any and all claims from injuries, damage, or loss which I or my child/ward may have or which I may accrue to me or my child/ward in the above program(s). I further agree to indemnify and hold harmless and defend The Poweshiek County Conservation Board and its officers, agents, servants, volunteers, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or by my child/ward and arising out of, connected with, or in any way associated with the activities of the programs/workshops.

I have read and fully understand the above program details and waiver and release of all claims.

Signature of Participant or Parent/Guardian of Minor Participant

Date
