

**ASSUMPTION OF RISK
AND
INDEMNIFICATION AGREEMENT**

I, _____, do hereby agree to participate in the Roanoke County Parks, Recreation and Tourism Park Partners Program. This will involve the use of only hand tools for the purpose of weeding, trimming, pruning, mulching, planting, etc. I assume all risks and liability that may arise from my involvement and participation in this activity. I understand that this program carries the possibility of physical injury and may involve physical activity that may be strenuous and there are risks inherent in this activity. With regard to the activity to which this form applies, nothing shall be construed to grant an expressed or implied warranty of safety. I further understand that Roanoke County and its officers, agents, and volunteers are not liable for any injury that may result from the negligence of persons conducting this program. Roanoke County recommends that participants secure adequate medical insurance to cover any injury that may arise from participation in this activity.

Signature of Participant _____ Date _____

Signature of Witness _____ Date _____

Signature of Participant _____ Date _____

Signature of Witness _____ Date _____

Signature of Participant _____ Date _____

Signature of Witness _____ Date _____

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Signature of Witness _____ Date _____

ROANOKE COUNTY
Park Partners Program

Incident Form

Please Print

Site Where Incident Occurred _____

Date & Time of Incident _____

Full Name of Injured Person _____

Age _____ Sex _____

Address _____ Phone _____

Incident Reported by _____ Contact # _____

Parent was Notified on Date _____ Time _____

Describe in detail the extent of the injuries _____

Was First Aid Administered? No _____ Yes _____ By _____

If No, Explain Why Not _____

Was Person Taken to Hospital or Doctor's Office? No _____ Yes _____

Person filing report _____ Contact # _____

Parent/Guardian (if minor) _____

Staff Person Receiving Report _____

Date _____