



# Golf Cart Participation Form

Bring your family and friends to participate in our 2<sup>nd</sup> Annual Hilliard Parks & Recreation Lighted Christmas Golf Cart Parade on December 28<sup>th</sup>, 2024.

Registration Fee: \$5 per Cart (\$10 Late Registration after December 16<sup>th</sup>)

### Participant Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Must have a Golf Cart Permit with The Town on File

Number of Participants in your group: \_\_\_\_\_ Golf Cart Decoration Theme: \_\_\_\_\_

### Statement of Liability

I, the undersigned, indemnify, save and hold harmless the Town of Hilliard/Town of Hilliard Parks & Recreation Department, Council members, Directors, employees and agents (the "Releasees") from any liability or medical expense resulting from any sickness, accident, or injury of or experienced by participating in any activity on or off Town premises.

I know that running a road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I assume all risks associated with running this event. Having read this waiver, knowing these facts, and in consideration of accepting my entry fee, I (for myself and anyone entitled to act on my behalf) waive and release the Town of Hilliard, Hilliard Parks & Recreation Department, it's employees, all sponsors, and their representatives and successors for all claims or liabilities of any kind arising out of my participation in this event.

I hereby covenant not to sue and I release, waive, and discharge the Releasees from all liability to myself, any personal representative, assigns, heirs, and next of kin for any loss or damage and for any claim or demand therefore on account of injury to my person or property, even if the injury results in the death of me, whether caused by the Releasees' negligence or otherwise while I am in, upon, or about the premises, using any facilities or equipment, or participating in any off-site programs.

I assume full responsibility for and of bodily injury, death, or property damage due to the Releasees' negligence or otherwise when in, about, or upon the premises of the Town of Hilliard Parks & Recreation facilities or participating in any off-site programs.

I give permission to the Town of Hilliard Parks and Recreation Department to use, without limitation or obligation, photographs, film footage, or tape recordings that may include me and my family members' image(s) or voice(s) for purposes of promoting the Town of Hilliard Parks and Recreation programs. I also further agree that this entire waiver, release, and indemnification agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida, and that if any part of it is held invalid, it is agreed that the balance will continue in full legal force and effect.

Acceptance: I have read and voluntarily sign this waiver and release of liability and indemnification agreement and further agree that no oral representation, statements, or inducement apart from the forgoing written have been made. I further agree that while every reasonable precaution will be taken to ensure my safety and well-being, I will in no way hold The Town of Hilliard/Town of Hilliard Parks & Recreation Department or any of the Releasees responsible for any accidents affecting me. In no way will The Town of Hilliard/Town of Hilliard Parks & Recreation Department or any of the Releasees be held liable for damage.

Participant Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_



#### Office Use Only

Method of Payment: CASH CHECK # \_\_\_\_\_ CREDIT/DEBIT CARD: Last 4 #'s \_\_\_\_\_ Late Registration: Y / N  
Amount Paid: \_\_\_\_\_ Date Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Copy of ID Received: Y / N