



**REGISTRATION FORM FOR TRUNKS  
SIGN ME UP!**  
**OCTOBER 29TH FROM 5-7 P.M.**  
(Arrive by 4:30 p.m. to set up)

Trunk Owner's Name \_\_\_\_\_ Number in Party \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

*Would you like to donate \$1 (or more) to the Watauga County Parks & Recreation Scholarship Fund? This fund helps others in our community by allowing the recreation department to offer a reduction in fees or scholarships for many of our programs. Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_*

### **PARENTAL PERMISSION & RELEASE**

I, \_\_\_\_\_, hereby give my consent for participation in the Watauga County Parks and Recreation Trunk-or-Treat Program. I assume all risks and hazards incidental to such participation, including transportation to and from the program, and do hereby waive, release, absolve, indemnify and agree to hold harmless Watauga County, its staff, its volunteers, and any sponsoring agency for any claim arising out of any loss or injury that the participant might sustain while engaged in this program. I understand that WCP&R does not provide insurance and is not responsible for the medical condition of the participant. I agree to the release of photographs of the participant for the promotion of WCP&R.

### **COVID-19 WAIVER**

STATE OF NORTH CAROLINA COUNTY OF WATAUGA **WAIVER OF LIABILITY: CORONAVIRUS/COVID-19**

**WARNING:** The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death. Watauga County cannot prevent you [or your child(ren)] from becoming exposed to, contracting, or spreading COVID-19 while participating in activities sponsored by Watauga County. It is not possible to prevent against the presence of the disease. Therefore, if you choose to engage in the activities identified below, you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

**ASSUMPTION OF RISK:** I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to participate in the following activities, to take place on Watauga County property:

These activities are of such value to me [and/or to my children,] that I accept the risk of being exposed to, contracting, and/or spreading COVID-19. in order to participate in person [if applicable: "rather than arranging for an alternative method of enjoying the same services virtually (e.g. videoconference)].

**WAIVER OF LAWSUIT/LIABILITY:** I hereby forever release and waive my right to bring suit against Watauga County and its officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to my participation in the above identified activities. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen. I understand and agree that the law of the State of North Carolina will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_

**WATAUGA COUNTY PARKS & RECREATION 231 COMPLEX DRIVE BOONE NC 28607**

**828.264.9511 Keron.poteat@watgov.org**