

**MONMOUTH COUNTY PARK SYSTEM  
RELEASE FORM – GUIDED PONTOON BOAT TOUR  
MANASQUAN RESERVOIR**



PARTICIPANT NAME \_\_\_\_\_  
(Please print)

I have registered myself or my child/dependent in a guided pontoon boat tour of the Manasquan Reservoir sponsored by the Monmouth County Board of Recreation Commissioners (Board) and in connection with the registration, I certify that:

1. I have read the description of the activity and I hereby accept and assume all of the risks of my or my child's/dependent's participation in the activity.
2. To the best of my knowledge, my child/dependent or I are physically able to participate in the activity and I know of no physical condition and/or disability, which would prevent my or his/her participation in the activity.
3. My child/dependent or I will abide by the decisions of the activity leader with regard to all aspects of the tour.
4. To the best of my knowledge, my child/dependent or I have all of the necessary qualifications to perform all activities related to the tour.
5. I hereby agree to hold harmless and release the Board, its employees, agents, and the County of Monmouth from all claims that I or my child/dependent may have including the institution of a lawsuit against the County of Monmouth, County Board of Recreation Commissioners, its agents, officers or employees for injuries or losses sustained by me or my child/dependent as the result of my or my child/dependent participation in the activity.
6. I give permission for the use, without fee, of my or my child's/dependent's name and picture in any broadcast, telecast, or print media account of this program for promotional and publicity purposes.
7. ON OCCASION, MEDICAL EMERGENCIES MAY ARISE WHICH REQUIRE THE MEDICAL SERVICES OF ATTENDING PHYSICIANS, OTHER MEDICAL SERVICES, AND/OR HOSPITAL SERVICES WITHOUT RECEIVING THE PATIENT'S CONSENT. THEREFORE, IN THE EVENT OF NEED FOR EMERGENCY MEDICAL SERVICE, I AUTHORIZE AND CONSENT TO SAID SERVICES BEING PROVIDED TO MYSELF OR MY CHILD/DEPENDENT.

\_\_\_\_\_  
Participant's Signature  
(Parent or Guardian if minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's Signature (under 18 yrs. of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's Birth Date

\_\_\_\_\_  
Emergency Contact's Name (please print)

\_\_\_\_\_  
Work #

\_\_\_\_\_  
Home #