



The Buena Vista Recreation Department has established a Recreation Scholarship Fund to encourage participation in recreation programs providing financial support!

Applicant must be a permanent resident of the Buena Vista area. A permanent resident is defined as someone who resides year-round in the Buena Vista area.

Fields marked with an asterisk (\*) are required. Failure to include required information results in a voided application.

Applicant Name (Program Participant) \*

Age \*

Date of Birth \*

Gender \*

Grade

Shirt Size \* (Not all programs include a shirt)

Mailing Address \*

Address Line 1

Address Line 2

City

State

Zip Code

Parent/Guardian or Emergency Contact Name \*

Email \*

Phone (Mobile) \*

Phone (Home)

For what program will the scholarship be used? (For youth programs, please include the age/grade group) \*

**THIS IS A RELEASE OF LIABILITY - PLEASE READ CAREFULLY BEFORE SIGNING**

In consideration for allowing me to participate in the Town of Buena Vista Recreational Programs, I, the undersigned, voluntarily agree to indemnify and hold harmless the Town of Buena Vista, Colorado, its officers, employees, agents, consultants, subcontractors, insurers and representatives (collectively the "Town"), for any loss, damage, injury, or illness to myself or my property in any way related to my participation in Town recreation programs. I further agree to release, waive, and discharge the Town from, and covenant not to sue the Town for, any claims, demands or actions whatsoever arising out of any damage, loss or injury incurred to me or my property in any way related to my participation in Town programs. This release of liability applies equally to losses, damages or injuries caused or alleged to be caused in whole or in part by the negligence of the Town or any third party (for example and not by way of limitations falls, contact with other participants, injuries relating to equipment or the condition of the facilities). This release of liability applies to me, the undersigned, as well as any of my children, personal representatives, assigns, heirs, and next of kin. I authorize the Town in a medical emergency to seek emergency medical assistance at my expense. I give permission and consent to the Town to use any photographs, videotape, or other media record of my participation in the Town programs for any lawful purpose, without compensation to me or on my behalf.

**I HAVE READ THE ABOVE WAIVER AND RELEASE, I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN THIS WAIVER AND RELEASE VOLUNTARILY.**

\_\_\_\_\_  
**PRINT PARTICIPANT NAME \***

\_\_\_\_\_  
**PARTICIPANT SIGNATURE (IF MINOR, PARENT/GUARDIAN SIGNATURE) \***

\_\_\_\_\_  
**DATE \***