



Zebulon Parks & Recreation Program Walking Participation Form

Participant Information

Name of Participant: _____

Sex: Male Female (please circle one) Date of Birth: ____/____/____

Address: _____ City: _____ Zip: _____

Day Time Telephone: _____ Night Time Telephone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

For Wake County Human Services Community Development Block Grant purposes, please use the following information to answer the question below.

Family Size	1	2	3	4	5	6	7	8
Household Income	\$42,500	\$48,550	\$54,600	\$60,650	\$65,550	\$70,400	\$75,250	\$80,100

Does your household income fall above or below the amount stated for your family size?

Above Below (please circle one)

Liability Waiver

I hereby request the above participant be accepted for participation in the above parks and recreation program. I agree to assume the responsibility for any accident or injury while the participant is engaged in the program and do hereby release and absolve the Town of Zebulon, Zebulon Parks and Recreation, The Zebulon Recreation Advisory Board and/or Wake County Schools, their volunteers, supervisors or sponsors from any or all claims from such accident or injury. I also agree to abide by all rules and regulations established by the Zebulon Parks and Recreation Department and the Zebulon Recreation Advisory Board. Pictures or video clips may be taken while participating in Town of Zebulon programs. I give my permission to the Town of Zebulon to use such photos and videos in promotional, news, or informational media.

Print Name: _____

Signature: _____ Date: _____

**301 S. Arendell Avenue
Zebulon, NC 27597**

**Phone: 919-823-0432
Fax: 919-823-0437**