

City of Marysville Recreation Department

UNDER 18 REGISTRATION FORM

ACCIDENT WAIVER, RELEASE OF LIABILITY AND INDEMNITY/HOLD HARMLESS AGREEMENT

1. PARTICIPANT INFORMATION

Last Name: _____ First Name: _____ Gender: _____

Date of Birth: _____ Address: _____ City: _____ Zip: _____

2. PLEASE INDICATE ANY MEDICAL OR SPECIAL NEEDS: _____

3. CHILD REGISTRATION INFORMATION BELOW:

Activity Name	Day(s)/Session (If Applicable)	Time	Fee
1.	M T W TH F Session I Session II	AM PM	\$
2.	M T W TH F Session I Session II	AM PM	\$
3.	M T W TH F Session I Session II	AM PM	\$
Total Amount:			\$

4. PARENT/GUARDIAN INFORMATION BELOW

Last Name: _____ First Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Family Emergency Contact: (Must be different from parent/guardian listed)


Full Name: _____ Phone: _____ Relation: _____

5. READ & SIGN THE RELEASE OF LIABILITY AND INDEMNITY/HOLD HARMLESS AGREEMENT

Refund Policy: If program is cancelled, you will receive a full refund. Participants who cancel classes must notify our department **one week prior** to the start date of their class to receive a full refund.

Liability Release: I am acknowledging that the City of Marysville and its employees are not responsible for any injury or property damage or loss that may occur during the program indicated on the front of this form by the participant and/or Parent or Guardian and that the participant and or Parent/Guardian assumes the risk for personal injury or loss or damage to property.

On behalf of myself and My child, I release and agree to the fullest extent permitted by law, to save, hold harmless and indemnify Member and its officials, employees, volunteers and agents from any and all liability for loss, cost, claim or damage whatsoever that may be imposed on or incurred b them because of or in any way related to the participation or attendance of My child at the activities.

 _____ **Date:** _____
Signature of parent, legal guardian or legal custodian

6. PHOTO & VIDEO RELEASE SIGNATURE: YES ___ NO ___

I give permission for photographs and/or videos of my child to be used by the City of Marysville Recreation Department for promotional use (i.e., brochures, association publications, web-based media- blogs, websites, e-newsletters, videos) with no limitation. I understand that these photos can be viewed by anyone but no identifying information will be displayed.

 **Parent/Guardian Signature:** _____