

MARION RECREATION DEPARTMENT

Program Registration Form

I, for myself and on behalf of my heirs, assignees, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS The City of Marion Recreation Department, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and leasers of premises used to conduct the event, WITH RESPECT TO ANY AND ALL INJURY DISABILITY DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I also warrant and represent that I or my child do not suffer from any physical disability, condition, or any other problem which in any way should prevent me/child from safely participating in any physical activity.

By signing and filling out the information below I am simply acknowledging that I have been informed of program details; specifically the date, time and location of the program. I am also aware that the Marion Recreation Department will issue no refunds. If with proper notification and/or cause, the participant may receive an issued credit.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

Participant Name: _____

Age: _____ Grade: _____

Parent or Guardian Name: _____

Signature: _____

Date: _____ T-Shirt Size: YS YM YL / AS AM AL AXL

ADDRESS: _____

Phone: _____ Alternate Phone: _____

School: _____

Physician: _____

Dentist: _____

Emergency Contact # _____