

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

CITY OF PORT HURON PARKS & RECREATION (UNDER 18 REGISTRATION FORM)

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 of Fees			\$

4. PARENT/GUARDIAN INFORMATION BELOW

Last Name: _____ First Name: _____ DOB: _____

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 a 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 credit voucher for the full value of their class. This voucher is good for one year.

Liability Release: I understand and agree that the City of Port Huron, a Michigan Municipal Corporation, and its employees, assume no responsibility for any injury or property damage or loss that might be suffered during the activity or program indicated above 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 by them because of or in any way related to the participation or attendance of My child at the activities.

 _____
SIGNATURE OF PARENT, LEGAL GUARDIAN OR LEGAL CUSTODIAN DATE

6. PHOTO & VIDEO RELEASE SIGNATURE YES NO

I give permission for photographs and/or videos of my child to be used by the Port Huron Parks and 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: _____

For Mailed or Faxed in Registrations Only

7. RETURN (IF APPLICABLE)

BY MAIL: Port Huron Parks & Recreation
Palmer Park Recreation Center
2829 Armour Street
Port Huron, MI 48060

BY FAX: 810.984.0192 (Credit Cards Only - Provide the Following Information)



Credit Card Number _____ - _____ - _____ - _____
3 Digit Code on Back of Card _____ Expiration Date: ____ / ____
Authorized Signature: _____
Printed Name on Card: _____