

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

CITY OF PORT HURON PARKS & RECREATION (ADULT REGISTRATION FORM)

1. PARTICIPANT INFORMATION

Last Name: _____ First Name: _____ DOB: _____ Gender: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact

Full Name: _____ Phone: _____ Relation: _____

2. PLEASE INDICATE ANY MEDICAL OR SPECIAL NEEDS: _____

3. 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. 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 that the participant and assumes the risk for personal injury or loss or damage to property in any way related to my participation in said activity. I acknowledge that this Release of Liability form will be used by the Member and the activity holders, sponsors and organizers and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns to: (A) Waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me, including as to my traveling to and from this event, the following entities or persons: the Member, its elected and appointed officials, employees and volunteers, and representatives and agents, and other working or acting in behalf of the Member, and to the extent permitted by law. (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of or relating to my attendance at or participant in this event.

I hereby certify that I have read this document and understand and agree to its content.



SIGNATURE OF PARTICIPANT

DATE

5. PHOTO & VIDEO RELEASE SIGNATURE YES NO

I give permission for photographs and/or videos of myself 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.



SIGNATURE OF PARTICIPANT: _____

FOR MAILED OR FAXED IN REGISTRATIONS ONLY

6. RETURN (IF APPLICABLE)

BY MAIL: Port Huron Parks & Recreation
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: _____

REGISTER 24/7 @ WWW.PORTHURONREC.COM

SORRY, WE ARE UNABLE TO ACCEPT PHONE REGISTRATIONS.