

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.



COVID-19 ASSUMPTION OF RESPONSIBILITY

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments have recommended various protective measures including wearing face masks where possible, frequent handwashing, use of hand sanitizer and social distancing. The City of Port Huron has put in place preventative measures directed by the state government to reduce the spread of COVID-19; however, the City cannot guarantee that your child will not become infected with COVID-19 while involved in the City's recreational programs. If a child contracts COVID-19 the child can have serious medical complications which could result in death and if a child is infected they can spread the COVID-19 virus to others which can result in other people, including family members, having serious medical complications that can result in death.

By signing this agreement, the undersigned parent of _____ (insert child's name) requests that his or her child be permitted to participate in the following programs through the City of Port Huron. The decision to have my child participate in the listed programs is my decision and my decision alone.

I agree to and assume all risk of infection of the COVID-19 virus by my child arising out of my child participating in the City's recreational programs and agree to indemnify and hold harmless the City of Port Huron, its employees, and its officials from any and all liability including claims for personal injury, sickness, or death due to COVID-19 arising out of or relating to my child's participation in the listed programs. This indemnity and hold harmless agreement applies to costs and actual attorney fees expended by the City of Port Huron, its agents, successors, assignees, and insurers in the defense of such claims as well as to the damages and other relief sought by the claimant.

Signatures of Parent or Legal Guardian

Date

Print Names of Parent or Legal Guardian

Print Name of Child(ren)