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

CITY OF PORT HURON PARKS & RECREATION

(UNDER 18 REGISTRATION FORM)

1. PARTICIPANT INFORMATION

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

Gender: _____ 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

First Name: _____ Last 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 on account for the full value of their class. The credit on account is good for one year.

Liability Release: I acknowledge that there are risks associated with my child (the "Child") participating in recreational activities with the City of Port Huron Recreation Department (the "Activities") and that these risks include risks of bodily injury, property damage, and other damages, including but not limited to damages arising from the negligent or intentional actions of other parties. I hereby assume all the risks involved with my Child partaking in the Activities.

In consideration of my Child being permitted to participate in the Activities, I hereby take action for my Child, myself, our executors, administrators, heirs, next of kin, successors, and assigns to:

A. Waive, release, and discharge from any and all liability the City of Port Huron, a Michigan Municipal Corporation, its elected and appointed officials, employees, volunteers, representatives, agents, agents, successors, assignees, insurers, sponsors, organizers, and any other person working or acting on behalf of the City (collectively, the "City"), for death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to my Child while partaking in the Activities; and

B. Indemnify and hold harmless the City from any and all liabilities or claims resulting from or relating to my Child partaking in the Activities. This indemnity agreement applies to costs and actual attorney fees expended by the City in the defense of such claims as well as to the damages and other relief sought by the claimant.

I hereby certify that I have read this document and understand and agree to its content. If any provision of this Liability Waiver or its application is deemed invalid or unenforceable, the remainder of this Liability Waiver shall be enforced to the greatest extent permitted by law.

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.

7. SIGNATURE COMMUNICATION CONSENT ☐ YES ☐ NO

I give permission to the City of Port Huron recreation department to send me informational text messages and emails about programs, events, and other recreation-related updates. I understand that message and data rates may apply. I may update my preferences or opt out at any time through my online account.

_____ _____

SIGNATURE OF PARENT, LEGAL GUARDIAN OR LEGAL CUSTODIAN **DATE**

REGISTER 24/7 @ WWW.PORTHURONREC.COM **SORRY, WE ARE UNABLE TO ACCEPT PHONE REGISTRATIONS.**