

INFORMATION FORM/LIABILITY WAIVER

Thank you for your interest in our recreation program. Please complete the following information completely and thoroughly. **Please print.**



REGISTRANT'S NAME: _____
First Last

Address: _____ ()
Street Apt. # Phone
 Male Female Age _____ DOB ____-____-____
City State Zip

EMAIL ADDRESS: _____

PROGRAM NAME: _____

If registrant is 18 years of age or older, you may skip the box below and go to the "Insurance Responsibility" section.

<p>Please Print</p> <p>PARENT/GUARDIAN INFORMATION:</p> <p>Name _____ First Last</p> <p>Relationship _____</p> <p>Address _____ Street Apt. # City State Zip</p> <p>Home Phone _____</p> <p>Work Phone _____</p> <p>Cell Phone _____</p>	<p>CHILD ATTENDS:</p> <p>Name of School _____</p> <p>Grade _____</p> <p>EMERGENCY CONTACT (if parent is not available)</p> <p>Name _____ First Last</p> <p>Relationship _____</p> <p>Home Phone _____</p> <p>Work Phone _____</p> <p>Cell Phone _____</p>
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Please read the following and sign below

INSURANCE RESPONSIBILITY: In consideration of this registration in the activities provided by the City of Fort Lauderdale the participant or the participant's guardian understands that participation may subject to a certain degree of risk to injury and that the City will not be liable for medical expenses or other claims for damages, based upon property damage or personal injury as a result of these activities. Any insurance protection must be obtained by the participant.

PHOTO RELEASE: I hereby grand authorization to the City of Fort Lauderdale to use photographs of myself and/or my child for publicity purposes.

I have read and understand and agree that I will not hold the City of Fort Lauderdale liable for any personal injury or property damage that I or my child may suffer as a result of participation in the activities including bus trips provided by the City.

Participant, Parent or Guardian Signature

Date

