

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

CITY OF PORT HURON PARKS & RECREATION

SUMMER SUPER SLIDE

(YOUTH REGISTRATION FORM)

1. PARTICIPANT INFORMATION

Last Name: _____ First Name: _____

DOB: _____ Street Address, City, ZIP: _____

2. PARENT/GUARDIAN INFORMATION BELOW

Last Name: _____ First Name: _____

Street Address, City, ZIP (If different from above) _____

Phone: _____ Email: _____ (FOR PROMOS & SPECIAL EVENTS)

Family Emergency Contact: (must be different from parent/guardian listed)

Full Name: _____ Phone: _____ Relation: _____

3. READ & SIGN THE RELEASE OF LIABILITY AND INDEMNITY/HOLD HARMLESS AGREEMENT

Registration Policy: If we cancel a program, you will receive a full refund. Participants who cancel their class, and notify us before that class begins, will be given a credit which can be used for one year from the date of issue.

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.

SIGN HERE 

Signature of Participant Parent, Legal Guardian or Legal Custodian

Date

Staff Initials _____

Date: _____