

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

City of Marysville Recreation Department

1. Participant Information (If under the age of 18 please fill out the Parent/Guardian Information Below)

Last Name: _____ First Name: _____

Street Address, City, ZIP: _____

Home/Cell Phone: _____ Email: _____

DOB: _____ Age: _____ Gender: _____ Tee Shirt Size (If Applicable): Youth/Adult _____

2. Parent/Guardian Information (Required for Participants under 18 years of age)

Last Name: _____ First Name: _____ DOB: _____

Home/Cell Phone: _____ Email: _____

Emergency Contact Name: _____ Phone: _____ Relation: _____

3. Please Indicate ANY Medical or Special Needs: _____

4. Participation Registration Information Below:

Activity Name	Day(s)/Session (If Applicable)	Time	Fee
1	M T W TH F Sess 1 Sess 2	AM PM	\$
2	M T W TH F Sess 1 Sess 2	AM PM	\$
3	M T W TH F Sess 1 Sess 2	AM PM	\$
4	M T W TH F Sess 1 Sess 2	AM PM	\$

Total Amount of Fees: \$ _____

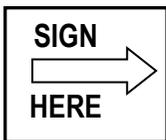
5. READ & SIGN THE RELEASE OF LIABILITY AND INDEMNITY/HOLD HARMLESS AGREEMENT

Refund Policy: Full refunds are granted in the event of a program cancellation (not to be confused with a single class cancellation); full refunds may also be granted if the participant requests the refund before the start of the program for which they want the refund. Additionally, full or partial refunds MIGHT* be in order as a result of unexpected medical/personal limitations of the participant. ***These refunds will be evaluated on a case-by-case basis**

Liability Release: I am acknowledging that the City of Marysville and its employees are not responsible for any injury or property damage or loss that may occur during the program indicated on the front of this form 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.

Picture Release: I grant the City of Marysville employees and officials consent to photograph or videotape the participants listed on the front of this registration form. I understand that the aforementioned photographs and videos may be utilized by the City of Marysville on the city website, Facebook page, and also the Marysville Recreation Department Facebook page. In addition to use on social media, the photographs may be used in future City of Marysville brochures, fliers, and other forms of marketing media. (Please check the appropriate box below, for the picture release section is OPTIONAL).

Circle One: Yes (I do grant permission) No (I don't grant permission)



(Signature of Participant, Legal Guardian)

DATE: _____

6. COMPLETE PAYMENT METHOD: CIRCLE ALL THAT APPLY: CHECK CASH CREDIT CARD

Signature for Credit Authorization **X** _____

RETURN (If Applicable) **To Register Online: leagues.bluesombrero.com/cityofmaryvillemi**

BY MAIL: Marysville Recreation Department 1255 Delaware Ave. Marysville, Mi. 48040

EMAIL: MarysvilleRecreationDepartment@gmail.com

ADD more participants on other side

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City of Marysville Recreation Department

Additional Participants:

7. Participant Information

Last Name: _____ First Name: _____

DOB: _____ Age: _____ Gender: _____ Tee Shirt Size (If Applicable): Youth/Adult _____

Activity Name	Day(s)/Session (If Applicable)	Time	Fee
1	M T W TH F Sess 1 Sess 2	AM PM	\$
2	M T W TH F Sess 1 Sess 2	AM PM	\$
3	M T W TH F Sess 1 Sess 2	AM PM	\$

TOTAL AMOUNT OF FEES: \$ _____

8. Participant Information

Last Name: _____ First Name: _____

DOB: _____ Age: _____ Gender: _____ Tee Shirt Size (If Applicable): Youth/Adult _____

Activity Name	Day(s)/Session (If Applicable)	Time	Fee
1	M T W TH F Sess 1 Sess 2	AM PM	\$
2	M T W TH F Sess 1 Sess 2	AM PM	\$
3	M T W TH F Sess 1 Sess 2	AM PM	\$

TOTAL AMOUNT OF FEES: \$ _____

9. Participant Information

Last Name: _____ First Name: _____

DOB: _____ Age: _____ Gender: _____ Tee Shirt Size (If Applicable): Youth/Adult _____

Activity Name	Day(s)/Session (If Applicable)	Time	Fee
1	M T W TH F Sess 1 Sess 2	AM PM	\$
2	M T W TH F Sess 1 Sess 2	AM PM	\$
3	M T W TH F Sess 1 Sess 2	AM PM	\$

TOTAL AMOUNT OF FEES: \$ _____

Total Amount of Fees Combined: \$ _____