

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: _____

New Address? Street Address, City, ZIP: _____

DOB: _____ M/F: _____

Home Phone: _____ Cell Phone: _____ Email: _____

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

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			\$

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 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

Date

4. COMPLETE PAYMENT METHOD – CHECK ALL THAT APPLY:

Check (payable to City of Port Huron) Cash Credit Card → Signature for Charge Authorization: _____

FOR MAILED OR FAXED IN REGISTRATIONS ONLY

5. 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: _____