

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

CITY OF PORT HURON PARKS & RECREATION (UNDER 18 REGISTRATION FORM)

1. PARTICIPANT INFORMATION

Last Name: _____ First Name: _____
 DOB: _____ M/F: _____ Street 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	\$
4.	M T W TH F Session I Session II	am pm	\$
5.	M T W TH F Session I Session II	am pm	\$
Total Amount of Fees			\$

4. PARENT/GUARDIAN INFORMATION BELOW

Last Name: _____ First Name: _____ DOB: _____
 New Address? Street 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

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.



 Signature of Participant Parent, Legal Guardian or Legal Custodian Date

6. 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

7. RETURN (IF APPLICABLE)

BY MAIL: Port Huron Parks & Recreation
 Palmer Park Recreation Center
 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: _____