

Civic Center Program Registration Form

Note: All Release Forms MUST be signed or your registration will not be processed.

Please Print

Participant's Name _____

Address _____

City _____ Zip _____

Sex M or F Birth Date _____ Age _____

Parent/Guardian _____

Home Phone _____ Work Phone _____

Person to Contact in case of Emergency _____

Emergency Phone Number _____

Class Name _____

Day/Time _____

RELEASE AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that in signing up and participating in this program you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

"As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages, or loss which I may sustain as a result of participating in an and all activities with or associated with such program.

I agree to waive and relinquish all claims I may have, as a result of participating in the program, against the Sullivan Civic Center, the City of Sullivan, and it's officers, agents, servants, and employees.

I do hereby fully release and discharge the Sullivan Civic Center, the City of Sullivan and it's officers, agents, servants, and employees from any and all claims from injuries, damage or loss which I may have or which may acruer to me on account of my participation in the program.

I further agree to identify and hold harmless and defend the Sullivan Civic Center, the City of Sullivan and it's officers, agents, servants, and employees from any and all claims arising out of, connected with, or in any way associated with the activities of the program."

I have read and fully understand the above Program Details and Waiver and Release of all Claims.

Participant _____ Date _____ Parent/Guardian _____ Date _____