

Canal Fulton Parks & Recreation Canal Fulton City Hall 155 E. Market St. Program Registration



Registration & Payment is required prior to participation - Checks Payable to: *City of Canal Fulton*

Participant Information:	Please Print:		
	Name _____	Date of Birth _____/_____/_____	Age: _____ (If Under 18 years)
	Address: _____	City _____	Zip _____
	Home Phone _____	Add. Phone _____	
	Special accommodations requested: _____ (Allergies, medications, special needs, etc.)		
Program Name:			
Session Dates:			
Fees:	\$ _____	Payment required at time of registration	Circle One: Resident or Non Resident

WAIVER AND RELEASE OF ALL CLAIMS:

Signature on this registration and waiver form is required of all participants. A parent or guardian must sign for participants under age 18.

As a participant or parent/guardian of a participant in this City of Canal Fulton sponsored 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 or my child/ward may sustain as a result of participating in any and all activities associated with this program.

I agree to waive and relinquish all claims against the City of Canal Fulton (and its officers, agents, servants, and employees) of injuries, damage, or loss which I or my child/ward may have as a result of my participation in this program. I further agree to indemnify and hold harmless and defend the City of Canal Fulton (and its officers, agents, servants, and employees) from any and all claims sustained by me and/or my child/ward arising out of, connected with, or in any way associated with the activities of the program.

Medical Treatment Consent: I also consent to emergency medical treatment for me or my child/ward if necessary. I agree to waive and relinquish all claims against the City of Canal Fulton (and its officers, agents, servants, and employees) incurred by an emergency treatment received.

Photo Consent: By participating in any City of Canal Fulton program or event, I agree to allow my photo to be used by the City Of Canal Fulton in publications or future programming.

I recognize that my fax signature will be deemed the same as an original. I have read and fully understand the program waiver and the emergency medical treatment consent. This waiver form is completed and signed of my own free will.

Signature or Parent, Guardian, or Adult Participant

Date

Office Use:

Date Received: _____

Payment Amount: _____

Cash / Check# _____

Staff Intl. _____