Registration Form

Register on-line at www.ci.wheatridge.co.us

PARENT, GUARDIAN OR PRIMARY CONTACT

First Name: _____ Last Name: _____

Address: _____

City/State/Zip: _____

Emergency Phone: _____

E-mail Address: _____

PARTICIPANT NAME	SEX	BIRTHDATE	CODE	CLASS NAME	FEE

Total Fees $ _____

FORM OF PAYMENT

☐ Cash ☐ Check Credit Card: ☐ Visa ☐ MasterCard ☐ Discover

Cardholder's Name: _____

Card Number: _____

Exp. Date: _____

LIABILITY, WAIVER, RELEASE, INDEMNIFICATION

By my signing below as a participant, and on my behalf and on behalf of such minor participants and our respective heirs, assigns, successors-in-interest, executors and administrators, I voluntarily and knowingly waive, release, indemnify and hold harmless the City of Wheat Ridge, its officers, employees, representatives, agents and assigns from any and all claims, injuries, damages or losses of whatever kind, nature or amount, suffered by me to my property or by such minor participants at any activity sponsored, in whole or in part, by the City to which this participant's registration relates. I recognize that activities and services I take advantage of may result in injury, death, or damage to myself, my property, or to others, including but not limited to injuries caused by negligence and/or the actions or omissions of the City or of third parties (for example and not by way of limitation: falls, contact with other participants, injuries relating to equipment or the condition of the facilities), all such risks being known and appreciated by me. I understand I am waiving any right to bring or have brought on my behalf any such claims or lawsuits against the City by signing this form.

Participants involved in Wheat Ridge Parks and Recreation programs may be photographed and such photographs may be used to publicize City activities.

Signature _____ Date _____