

City of Temple Terrace Leisure Services Department Parks and Recreation Division
RECREATION PROGRAM: PARTICIPANT Permission, Waiver and Release

[Complete reverse side for each PROGRAM or ACTIVITY Registration.]

Participant's Name: _____	Email: _____
Phone: Home # _____ Cell # _____	Work # _____ Ext. _____
Address: _____	City: _____ Zip: _____

If minor child: Date of Birth: _____ Age: _____ Gender: Male or Female
(If After-School Program) School Attended: _____ Van Transportation? Yes No

Mother/Guardian's Name: _____ Email: _____
Phone: Home # _____ Cell # _____ Work # _____ Ext. _____
Address: _____ City: _____ Zip: _____

Father/Guardian's Name: _____ Email: _____
Phone: Home # _____ Cell # _____ Work # _____ Ext. _____
Address: _____ City: _____ Zip: _____

Emergency Contacts: (For minor child PARTICIPANT, check box of contacts authorized to pick up child.)
<input type="checkbox"/> Name: _____ Phone number(s): _____
<input type="checkbox"/> Name: _____ Phone number(s): _____
<input type="checkbox"/> Name: _____ Phone number(s): _____

By my signature below, I, as an adult PARTICIPANT, or I, as the parent or guardian of a minor child who is the PARTICIPANT, do fully understand, agree, certify, and consent to the following:

FIT TO PARTICIPATE: I certify that PARTICIPANT is in good health and of sound body that warrants full participation in the Program(s) listed on the reverse, and as outlined by the City of Temple Terrace Leisure Services Department Parks and Recreation Division. I certify that PARTICIPANT has had no known recent exposure to a contagious disease, and has no serious illness or injury which would restrict their participation in the Program. (PARTICIPANTS are encouraged to notify Program Supervisor in writing, of their known medical conditions or current medications, in the event that professional emergency care is required.)

PERMISSION TO PARTICIPATE: I accept full responsibility for PARTICIPANT to engage in the elected Program(s) as offered by the Parks and Recreation Division. I understand the nature of the Program, its activities, the dates and hours the Program operates, and fees. I understand that the structure of the Program does not allow minor child PARTICIPANTS to enter or leave the Program site unless accompanied by their parent, guardian or other authorized person listed above, unless a signed note from parent or legal guardian authorizing other permission is presented to staff and is verified. For Programs that offer optional swimming/pool activities, I understand that children permitted to swim will be swim tested in advance. I give permission for minor child PARTICIPANT to swim: Yes or No.

WAIVER OF LIABILITY: In consideration of the covenants herein contained, I acknowledge that the elected Program or activity may involve physical exertion and contact which may result in injury. I assume all risks incidental to such participation including any risk or hazard in transportation to and from activities and/or school. I hereby waive, release, absolve, and hold harmless the City of Temple Terrace, its employees and elected officials, activity organizers, sponsors, participants and volunteers, for any loss, damage or injury of any nature whatsoever to person or property, and from any claims which arise from participating in any activity associated directly or indirectly with the Program. I further agree that any medical costs resulting from any such injury will be borne by the undersigned.

PHOTOGRAPH, VIDEOTAPE, MOVIE, AND FIELD TRIP RELEASE: I agree that the Parks and Recreation Division may take photographs or video of PARTICIPANT during Program activities, and that the Parks and Recreation Division may release PARTICIPANT'S name along with their picture for publication in newspapers, program brochures or fliers. I also agree that the Parks and Recreation Division may use video tape of PARTICIPANT for public relations presentations. Furthermore, I hereby give permission for minor child to participate in the following: watching movies (rated PG or lower), scheduled activities and field trips.

_____ Date: _____
Signature of Adult PARTICIPANT or Parent/Guardian of Minor Child PARTICIPANT

Printed Name: _____ Relationship to Child: _____

Membership Type: _____ Exp. Date: _____

**RECREATION PROGRAM / ACTIVITY
REGISTRATION**

**All information must be completed on the reverse.
Signature is required for Permission, Waiver and Release.**

PARTICIPANT'S NAME: _____ If Minor Child, Age: _____

REGISTRATION FOR:

* PROGRAM/** Activity: _____ Session: _____
DATE(S): _____ Notes: _____
_____ Signature of Adult Participant or Parent/Guardian of Minor Child Participant
_____ Date

* PROGRAM/** Activity: _____ Session: _____
DATE(S): _____ Notes: _____
_____ Signature of Adult Participant or Parent/Guardian of Minor Child Participant
_____ Date

* PROGRAM/** Activity: _____ Session: _____
DATE(S): _____ Notes: _____
_____ Signature of Adult Participant or Parent/Guardian of Minor Child Participant
_____ Date

* PROGRAM/** Activity: _____ Session: _____
DATE(S): _____ Notes: _____
_____ Signature of Adult Participant or Parent/Guardian of Minor Child Participant
_____ Date

***PROGRAMS:**

Aquatics; Athletics; Fitness; Gymnastics; Seniors; Tennis; Youth Programs; Facility Open Use; etc.

****Activities:**

Classes; Camp; Team; Swim Lessons; Swim Team (ACTT), Lifeguard Classes; Field Trip; Sleep Over; Parent Night Out, Youth: After-School, Winter Break, Spring Break, Summer Camp; Other Activity

Review PARTICIPANT and contact information on the reverse and update as needed.