

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in the program/programs, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the program/programs.

I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) and I agree that full risk of any injuries (including death), damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the City of Stevens Point and its officers, agents, servants and employees.

I do hereby fully release and discharge the City of Stevens Point and its officers, agents, servants and employees from any and all claims for injuries, (including death), damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected to or in any way associated with the activities of the program(s).

I further agree to indemnify and hold harmless and defend the City of Stevens Point and its officers, agents, servants and employees from any and all claims resulting from injuries, (including death), damages and losses sustained by me or my minor child/ward arising out of, connected with or in any way associated with the activities of the program(s).

In the event of any emergency, I authorize City officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child's /ward's immediate care and agree that I will be responsible for payment of any/all medical services rendered.

I have read and fully understand the Program details, Waiver and Release of All Claims and Permission to Secure Treatment.

Signature of Participant or Parent/Guardian _____ Date: _____

REGISTRATION FORM

Last Name _____ Parent First Name _____ Home Phone _____

Address, City, Zip _____ Work Phone _____

CHECK HERE IF RESIDENT OF STEVENS POINT

PARTICIPANT'S NAME	AGE	SEX	CODE	LEVEL	SESSION, DAY, TIME, LOCATION	FEE

TOTAL _____

FOR OFFICE USE ONLY:

TOTAL PAID _____ CHECK NO. _____ BY _____ DATE _____