

Registration Form

Exploration Recreation



Location:

Please check location (s) you may participate in.

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Gault | <input type="checkbox"/> Ramsey |
| <input type="checkbox"/> Gorman | <input type="checkbox"/> Middle School |
| <input type="checkbox"/> North Elem. | <input type="checkbox"/> MN Square |
| <input type="checkbox"/> Rotation | <input type="checkbox"/> Pool |

Participant Name: _____

Address: _____ **City:** _____

Birthdate: _____

Completed Grade: _____ **School:** _____

HELP US GET TO KNOW YOU!

How would you describe yourself?

- Black, African or African American
- Asian American
- Pacific Islander
- Somali
- American Indian
- White
- Mexican American

How did you hear about us?

- Brochure
- Event
- Word of mouth
- Flyer
- Online
- Walking by
- Other: _____

WAIVER AND RELEASE OF CLAIMS: I hereby agree to, and do, waive release and relinquish all claims, demands, rights of action, damages, liabilities and controversies of every kind, known and unknown, present and future, that I, or my minor child/ward on whose behalf I am signing, may have against the City and its officers, agents, servants, employees, insurers, related or affiliated individuals or entities, successors and assign arising out of, connected with, or in any way related to the Program of my minor child/ward's participating herein. INDEMNITY AND DEFENSE: I hereby further agree to indemnify and hold harmless and defend the City and its officers, agents, servants, employees, insurers, related or affiliated individuals or entities, successors and assigns from any and all claims, lawsuits, demands, damages, liabilities, losses and expenses, including attorney's fees and administrative expenses, of every kind, known and unknown, present and future, arising out of, connected with, or in any way related to my or my minor child/ward's participation in the Program. Thank you.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Phone Number: _____ **Emergency # :** _____

Thank you to our partners who made this program possible.

