

Please print & fill out completely. One family per form.

\*THIS FORM IS NOT TO BE USED FOR YOUTH TACKLE FOOTBALL PROGRAMS.

Be sure to fill in SECTIONS A and B of the registration form completely. In Section B, title of requested activity must be listed. Date of birth not required for participants over 18.

Site initials for registration are as follows:

GA.....Greenacres Community Center  
SAC .....Rasmussen Senior Adult Center  
RVC .....Riverview Community Center  
FN .....Fruitvale/Norris Park  
RL .....RiverLakes Community Center

**Section A - ADULT INFORMATION**

Adult First Name		Adult Last Name		
Street Address		City	State	Zip
<b>E-mail</b>		Home Phone	Work Phone	Emergency Phone

**Section B - PARTICIPANT INFORMATION**

PARTICIPANT NAME		Sex	Birthdate	Age	Program Title	Date Begins	Days	Time	Site	Fee
First	Last									

<b>Circle School Grade: K 1 2 3 4 5 6 7 8 9 10 11 12</b>	<b>School:</b>
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How Did You Hear About This Activity?  Brochure  Flyer  Friend  Newspaper  Radio  TV  Website  Other: \_\_\_\_\_

**AGREEMENT, WAIVER AND RELEASE**

I understand the risks involved in participation in the [above] activity(ies) for which I/we are registering and in consideration for being permitted by the North of the River Recreation & Park District to participate in the [above] activity(ies), I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity(ies). This release is intended to discharge in advance the North of the River Recreation & Park District (its officers, and/or officials, employees, volunteers and agents) from any and all liability arising out of or connected in any way with my participation in said activity(ies), even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity(ies) involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons and entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activity(ies). I also hereby grant NOR the right to take photographs and/or video

of me in connection with NOR sanctioned activities and to use my name, picture, portrait, video or photograph in all forms and in all manners of media and for any lawful purpose, including for such purposes as publicity, illustration, advertising, and Web content.

**PARENTAL CONSENT:**

**(MUST be completed and signed by parent/guardian if applicant is under 18 years of age)**

I hereby consent that my son/daughter participate in the [above] activity(ies) and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity(ies). I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which may incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity(ies).

**I have carefully read this agreement, waiver, and release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the North of the river Recreation & Park District and I sign it of my free will.**

**Signature (Adult Participant or Parent/Guardian of Minor)**

**Printed Name**  
**(Adult Participant or Parent/Guardian of Minor)**

**Date**

**Note: North of the River Recreation & Park District does not provide medical-accident insurance for participants.**

FOR OFFICE USE ONLY	
Amt Due _____	Receipt # _____
Amt Paid _____	Date _____
Balance Due _____	Employee Initial _____
Starting Date _____	