CITY OF HARVARD PARKS & REC DEPT REGISTRATION

The City of Harvard is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The City of Harvard continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the below listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. Please check box next to the appropriate program/activity that participant has registered for.

☐ Basketball Jr. Hornets Traveling Team
Did you play last year?
☐ yes ☐ no

Volunteer Coach ☐ Yes ☐ No

_____
Name Phone #

☐ Basketball Speed & Agility
☐ Equine Riding Program
☐ SportsCity Academy Queen of Diamond Hitting League
☐ Golf Instruction

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the programs/activities contemplated by this agreement. The above listed activities will hereinafter be collectively referred to as programs/activities. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational programs/activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational program/activity. Understandably, not all hazards and dangers can be foreseen. Depending on the particular program/activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational programs/activities exist. In this regard, it must be recognized that it is impossible for the City of Harvard to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participation in the (below/above) identified programs/activities, you agree to the following:

I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (accrue to me or my child/ward) as a result of participation in these programs/activities against the City of Harvard, including its officials, agents, volunteers and employees (hereinafter collectively referred to as "The City of Harvard"). I do hereby fully release and forever discharge the City of Harvard from any and all claims for injuries, damages, or loss that my minor child/ward or I may have which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participant's Name _____ Age_____ Grade_____

Address _____ Date of Birth _____

_____ T-Shirt Size: (please mark size)
Youth ___S(6-8) ___M(10-12) ___L(14-16)
Adult ___Small ___Med ___Lg ___X-Lg

Phone # _____

Cell Phone # _____ Email:_____

Parent/Guardian/Participant's Signature_____ Date_____

Emergency Contact:_____ Phone #_____

Date Pd_____ Cash_____ Check #_____ Amount $_____Rec'd By _____Balance Due_____
Date Pd_____ Cash_____ Check #_____ Amount $_____Rec'd By _____ Balance Due_____

PARTICIPATION WILL BE DENIED
If the signature of adult participant or parent/guardian and date are not on this waiver.
For more information contact Supt. Mike Clingingsmith at (815) 943-6468 or e-mail at clingingsmith@cityofharvard.org