

Town of Pendleton

Resident _____

2011

Non Resident Fee \$150.00

Cash/Check # _____

Paid: Receipt # _____

PENDLETON SUMMER RECREATION REGISTRATION FORM

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ D.O.B. ____/____/____ Age: _____ Male: _____ Female: _____

Emergency Contact & Phone: _____

Please indicate any allergies, medications or restrictions for this child.

Permission Waiver:

This is a legally binding Consent Form and Release of Liability made voluntarily by me, the undersigned Releasor, on my own behalf, and on the behalf of my child, as well as my child's heirs, executors, administrators, legal representatives and assigns, to the Town of Pendleton (hereinafter "the Town"). I hereby acknowledge that participation in the Summer Recreation Program involves inherent risk of physical injury and assume all such risks. I hereby agree that for the sole consideration of the Town allowing my child to participate in the above named activity for which or in connection with which the Town has made available any equipment, facilities, grounds or personnel for such programs or activities, I do hereby release and forever discharge the Town, its officers, agents and employees of any and from all claims, demands, rights and causes of action of whatever kind of nature, arising from and by reason of any and all known, unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequence thereof, resulting from my child's participation in or in any way connected with the above named activity. In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through my child's participation in this activity. I authorize program staff to secure any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my child's immediate care. By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages, and losses of any type, which may occur to my child, and I hereby fully and forever release and discharge the Town, its officers, employees, and insurers including any self-insurance funds of the Town or the State, from any and all claims, demands, damages, rights of action, present and future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my child's participation in this activity. I understand that the acceptance of this release and waiver of liability by the Town shall not constitute a waiver in whole or in part of sovereign immunity by said Town, its members, officers, agents, and employees. I have read the above carefully before signing.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

My child has permission to ride his/her bicycle to and from Pendleton Recreation.

YES _____

NO _____

***** FOR SAFETY REASONS CHILDREN ARE ENCOURAGED TO WEAR A BICYCLE HELMET TO AND FROM REGISTRATION *****

I give permission for my child, _____ to sign him/herself in/out at Pendleton Recreation.

NOTE: BIKE RIDERS MUST REPORT DIRECTLY TO THE MIDDLE SCHOOL CAFETERIA AND SIGN IN. AFTER SIGNING OUT, PARTICPANTS MUST LEAVE THE BUILDING IMMEDIATELY. ANYONE FOUND WANDERING THE BUILDING, OR IN AN AREA NOT APPROVED FOR USE BY PENDLETON RECREATION, MAY BE DROPPED FROM THE PROGRAM.

I give permission for the following people to sign my child in/out at Pendleton Recreation.

print: _____

NOTE: A PARENT/GUARDIAN MUST ACCOMPANY THEIR CHILDREN TO AND FROM THE STARPOINT MIDDLE SCHOOL CAFETERIA AND SIGN THEM IN AND OUT. ALL CHILDREN WILL REPORT TO THE MIDDLE SCHOOL CAFETERIA, EVEN THOSE JUST ATTENDING THE SWIM PROGRAM. At each child's assigned time, recreation staff will accompany children in the swim program, from the cafeteria to the pool and then back to the cafeteria. ANYONE FOUND WANDERING THE BUILDING, OR IN AN AREA NOT APPROVED FOR USE BY PENDLETON RECREATION, MAY BE DROPPED FROM THE PROGRAM.

Note: Those attending the swim program should be signed in at the Middle School Cafeteria, a minimum of 15 minutes prior to the start of their assigned swim time.

Parent/Guardian Name (print) _____

Parent/Guardian (signature) _____

Date: _____