RES $_____
NON-RES $_____
DATE_____
RCPT.#_____

Class/Program Name:_____ Date:_____

City of Gulfport's Recreation Center
2016-2017 Class/Program Registration Card

PLEASE PRINT

Student's Name:_____ _____ _____
(first) (M.I.) (last)

Address: _____ Date of Birth:_____

City: _____ State: _____ Zip:_____

Home Phone: _____ Work (other): _____

Email Address: _____

PARENT/GUARDIAN OR EMERGENCY CONTACT

Name:_____ Phone:_____

Release and Hold Harmless Agreement for Adults

The undersigned, being over the age of eighteen (18) years, does hereby request the City of Gulfport of Pinellas County, Florida, for permission to participate in the City's programs, understand the benefit of this program/event, and if accepted, I agree to obey all instructions, order and commands given me by the City employee or official in charge of the program/event. I acknowledge the risks of participating in this program/event and I may be subject to physical injury or property damage, whether caused by an intentional or unintentional act or omission, including motor vehicle accidents while riding in any City vehicle. In full consideration and acknowledgment of the risks of participating in this program/event, I freely and voluntarily agree to participate in this program/event and accept the risks of so doing.

In consideration of being allowed to participate in this voluntary City program/event and receiving the benefit thereof, I for myself, my heirs, personal representatives, next of kin or assigns, do hereby forever release, waive, discharge, hold-harmless and covenant not sue the City of Gulfport, its officials, officers, agents, employees, representatives, assigns, and insurers, individually and collectively, hereinafter referred at as "releasees", of and from all liability for any and all loss or damage, including personal injury, property damage or death, whether caused by the negligence of the releasees or otherwise, while I am in any way participating in the above described program/event.

I further acknowledge that I have read and fully understand this release and hold harmless agreement and that I have voluntarily executed the same without any further inducement or promise not contained herein. I expressly agree that this agreement shall be construed, as broadly as permitted by the law of the State of Florida, and that if any part hereof is declared invalid, the remainder shall remain in full force and effect.

SIGNATURE_____

DATE_____

Hold Harmless and Waiver for Minors (by parent/guardian)

As the parent or guardian of a minor child participating in activities or using any facilities of the City of Gulfport, Florida, I hereby waive, on behalf of said child, for myself and my spouse, if any, any claim against the City of Gulfport and its servants and employees, hereafter arising from injuries to the child identified on this form, which said injury is sustained while upon said facilities, participating in said activities or being transported therefrom or thereto, regardless of whether such injury is caused in whole or in part by the negligence of said city or by the negligence of the agents, servants and employees thereof, and I do hereby covenant to indemnify, hold harmless and defend the said City, its agents, servants and employees from any claim, damages or demand hereafter arising against the City or their agents, servants or employees of the City, arising out of the child's use of the facilities, participation in the activities, or being transported therefrom or thereto.

I hereby give my permission for the City of Gulfport to call my physician and/or to arrange for transportation to a hospital in the event of any injury to said child, and to administer first-aid as deemed necessary by the City, although I understand that the City assumes no responsibility to do so. I hereby waive any claim against the City of Gulfport, its agents, servants or employees arising from any administration of first-aid; by any of the foregoing or arising from any act or omission thereby in responding to any injury to the said child.

CHILD'S DATE OF BIRTH:_____

PARENT/GUARDIAN SIGNATURE_____

DATE_____