Registration Form

Head of Household (First & Last Name): _____ Date of Birth: _____ Male / Female

Address: _____ Apt #: _____

City: _____ Zip _____ Email: _____

Phone: (Primary)_____ (Secondary)_____ (Other)_____

Emergency Contact #1 (Required) Emergency Contact #2 (Required)- ***Not living in household***

Name: _____Relation: _____ Name: _____Relation: _____

Primary #: _____ Alt. #: _____Primary #: _____ Alt. #: _____

Participants Name	DOB	M/F	Program Name & Activity Number	Fee
				$
				$
				$
			Total Due	$

Payment Method: ☐ Cash ☐ Check **payable to: Treasurer City Of Sterling Heights** # _____ ☐ Charge

Credit Card Info.

Visa/MC/Discover # _____ + 3 digit _____ Exp. Date: _____

For Visa/MC/Discover charges please sign here: _____

Department of Parks and Recreation Release, Waiver, Hold Harmless, Indemnity and Participation Agreement

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to myself or my child from the use of the Sterling Heights Community Center, Senior Center, Nature Center and its amenities are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and, in consideration of the City of Sterling Heights, City of Sterling Heights Department of Parks and Recreation ("City") allowing me and/or my child or ward access to and use of the Community Center, Senior Center, Nature Center and its amenities, I for myself, spouse, and child or ward agree to:

(A) Assume all risks of injury and property damage and accept all responsibility in case of accidents, injury or death;

(B) RELEASE AND HOLD HARMLESS AND AGREE NOT TO SUE the City, its employees, and elected or appointed officials, for any claim, damages, costs or cause or action which I may have or suffer or may in the future have or suffer as a result of any accident, injury including death or damages sustained or incurred while accessing or using the Community Center, Senior Center, Nature Center and its amenities, even if arising from their negligence, to the fullest extent permitted by law; and,

(C) agree to indemnify, defend ,and hold harmless the City, its elected and appointed officials, and employees from any and all claims for injuries, damages or loss, of any kind whatsoever arising in any way in connection with my access to and use of the Community Center, Senior Center and its amenities.

PARENT OR GUARDIAN ACKNOWLEDGEMENT AND CONSENT:

I have read and understand the terms of this Agreement and unconditionally agree to its full terms, waivers and releases on behalf of both myself, and my child or ward, whose name(s) is listed above. All such terms, statements, warranties, notices, representations, waivers and releases fully apply to my child or ward as if I was the participant. I understand that, by signing this Consent, I am giving up important legal rights both on behalf of myself and my child or ward regarding potential rights and claims against the City, if any. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms. I hereby warrant and represent that if I am neither the Child's Parent nor legal Guardian, I have been granted the expressed authority to execute this Waiver, Release and Assumption of Risk Agreement by, and on behalf of, the Child's Parent or Guardian. In the event that it is determined I do not have the authority to execute this agreement on behalf of another, I agree that I shall be solely liable for any and all claims, actions, penalties, causes of action, services, fees or similar expense.

I acknowledge I have read and understand the above release, waiver & participation agreement and agree to abide by its terms & conditions.

_____ _____ _____ _____

Participant or Parent/Guardian Signature Date Name (Print) DOB

___ I do not wish to have pictures of myself, child, or legal guardian used for departmental use, including publications.

For walking track only: I understand that this waiver is good for thirty (30) days. Initials: _____ Date:

Office Use Only: Clerk _____ Date _____/_____/_____ Arrival Time _____:_____ AM / PM Pymt Method_____

10/15/20