



SMPRD REGISTRATION & PARTICIPATION WAIVER

STRASBURG METROPOLITAN PARKS AND RECREATION DISTRICT ATHLETIC OR SPORTS PARTICIPATION ASSUMPTION OF RISK, RELEASE, WAIVER AND INDEMNIFICATION FOR THE FOLLOWING ACTIVITY: _____

HOW DID YOU HEARD ABOUT THIS PROGRAM? Newspaper Email Club Website Activities Guide Friend Other: _____

PARTICIPANT'S NAME: _____

IF UNDER 18, PARENT/GUARDIAN NAME: _____

AGE / GRADE (if applicable): _____ TEAM NAME (if applicable): _____

SHIRT SIZE (circle one): YXS YS YM YL YXL AS AM AL AXL AXXL

ADDRESS / CITY / ZIP: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT: _____ EMERGENCY PHONE: _____

Add my name to the Email Club list. SMPRD will never sell, rent, or give any of your information to a third party.

SMPRD has my permission to use my name and/or likeness for advertising purposes and/or on the web site.

Please indicate any health concerns and/or allergies we should be aware of: _____

I, _____, for myself, or as parent or legal guardian of _____, having registered myself, or my child, for participation in risks inherent in participating in such activity or sport, state that I understand such activity or sport involves exercise or physical exertion of varying degrees of difficulty, which may be strenuous, and taxing both physically and mentally. I further understand that by participating in the activity or sport, I or my child, runs the risk of physical injury or illness, both internal and external, temporary and permanent, from such activity or from use of the facilities in any manner and may run the risk of developing mental stress.

Fully understanding these risks, I agree to assume all such risks of injury or illness to me or my child, reasonable or otherwise, which may result from such participation in the physical activity or sport or use of the facilities owned by the Strasburg Parks and Recreation District. I hereby fully release the Strasburg Parks and Recreation District, its agents, servants, officers and employees from, and hereby knowingly waive all claims for injury or illness, (including death) or damage sustained by me or my child, which may result directly or indirectly from participation in the subject physical activity or sport, named above.

I further expressly agree to indemnify, defend and hold harmless the District, its agents, servants, officers and employees and each of them against any and all claims and liabilities, including reasonable attorneys' fees, from and against any and all claims for the injuries or illnesses to me or my child or any and all other persons, arising from my participation or the participation of my child in the subject physical activity or sport, or use of such facilities in any manner. This full indemnification extends, as well, to any adult acting as "best friend," guardian or in any other legal capacity on behalf of such child.

I hereby warrant that I have read the foregoing, that I fully understand same and knowingly and willingly agree to all such terms, and acknowledge such terms are contractual in nature and further acknowledge and warrant that I have legal authority to execute this document on my behalf on my children and fully bind myself, my children, my heirs and legal representatives, to all terms hereof, to the fullest extent possible under the laws of the State of Colorado, and that the Assumption of Risk, Release, Waiver and Indemnification shall be liberally construed in favor of the District, its agents, servants, officers and employees. **IF YOU DO NOT FULLY UNDERSTAND THIS DOCUMENT, DO NOT SIGN IT!** The foregoing Assumption of Risk, Release, Waiver and Indemnification was read, understood and agreed to, by the undersigned this...

_____ day of _____, 20____. Signed By: _____
Participant or Parent/Guardian (if participant is under 18)

RETURN TO: 1932 BURTON STREET, FAX TO (303) 622-9759, OR EMAIL TO marissa@strasburgparks.org

COST: \$_____ [CHECK OR CASH] CHECK NO. _____ OR CALL (303) 622-4260 TO PAY BY CREDIT CARD Updated 12.2.11