

**City of Fruita Parks & Recreation Department
325 E. ASPEN AVENUE - 858-0360**

First Name:	Address:
Last Name:	Mailing:
___ Male ___ Female / _____ Date of Birth	City: ZIP:
e-mail address:	Home Phone:
Grade: _____ T-Shirt Size: YS YM YL AS AM AL XL 2XL 3XL	Cell: Work:
School:	No. 1 Emergency Name: (Parent or Guardian)
Activity:	Phone: Relation:
Medical Alert:	No. 2 Emergency Name:
Special Request:	Phone: Relation:
	Cancellation Policy: Do consider the schedule before you register for a program, as your fee will not be refunded after the program begins. Any request for refund that would cause the program to be canceled, will not be granted. If a program is canceled for lack of enough participants, you will be notified and your fee will be refunded.

PARTICIPANT'S WAIVER AND RELEASE OF LIABILITY

I, _____, acknowledge that I have voluntarily applied to participate in the above-described recreation activities.

I understand the hazards and exposures to danger that may be connected with such activities and the certain real and unpredictable risks involved with participating in such activities.

I have been given opportunity to ask questions and I acknowledge that my questions have been answered to my satisfaction, by the appropriate City personnel. I understand the risks and dangers inherent with the activities in which I will be participating and acknowledge that I am fully capable of participating in these activities. I am in good health with no defects that would prevent me from engaging in these activities and I willingly assume the risk of injury as my sole responsibility. I understand and agree that any bodily injury, death, or loss of personal property and expense as a result of my negligence, or the negligence of the City, are my responsibility. As lawful consideration for being permitted to participate in the above activities, I release from any legal liability and agree not to sue, file claim against the property of, or prosecute; and to indemnify and hold harmless, the City of Fruita and all of it's officers, agents and employees for any and all liability, injury, or death caused by or resulting from my voluntary participation in the activities mentioned above; whether or not such liability injury or death was caused by their negligence, or by my negligence, or any other cause. This Waiver and Release of Liability shall be legally binding upon me, my heirs, my estates, assigns, legal guardians and my personal representatives. I have carefully read the Release and fully understand its contents. I am aware that I am releasing my legal rights that I otherwise may have and I enter into this agreement of my own free will, and with full understanding and awareness of the risks involved. I agree to assume such risks. **THIS IS A RELEASE OF LIABILITY. DO NOT SIGN THE RELEASE IF YOU HAVE NOT READ IT COMPLETELY OR DO NOT UNDERSTAND OR AGREE WITH ANY OF ITS TERMS.** I understand the NO REFUND policy.

Signature of Participant Date

Signature of Parent or Guardian Date
(If participant is under 18-years of age)