

\$25 per runner to City of Fillmore

**PARKS & RECREATION DEPARTMENT
REGISTRATION FORM**

Recreation Class: _____ Participant's Age: _____

Participant's Name: _____

Parent/Guardian Name: _____

Address: _____ Phone: _____

In case of emergency contact:

Name	Phone	Relationship
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Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

I have carefully read the description of activity(ies) for which I/we are registering attached hereto and incorporated herein by this reference and in consideration for being permitted by the City of Fillmore Parks and Recreation Department to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I or my child or person for whom I am responsible may suffer, or which may hereafter accrue to me, him or her, as a result of participation in said activity. This release is intended to discharge in advance the City of Fillmore Parks and Recreation Department, its officers, employees, and agents from any and all liability arising out of or connected in any way with my, his or her participation in said activity, even though liability may arise out of negligence or carelessness on the part of the City of Fillmore Parks and Recreation Department, its officers, employees, and agents. It is understood that this activity involves an element of risk and danger of accidents, and knowing these risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to defend, indemnify, and to hold the City of Fillmore Parks and Recreation Department, officers, employees, and agents free and harmless from any loss, liability, damage, costs or expense which they may incur as the result of my, his or her death or any injury or property damage that I, he or she may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF FILLMORE PARKS AND RECREATION DEPARTMENT, ITS OFFICERS, EMPLOYEES, AND AGENTS AND I SIGN IT OF MY OWN FREE WILL.

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature

Date _____

AMOUNT DUE: \$ _____

Method of Payment: _____ CASH _____ CHECK _____ Partial Payment