

HAMMOND PARK & RECREATION DEPARTMENT PARTICIPANT REGISTRATION FORM

PLEASE PRINT - YOU MUST COMPLETE THE ENTIRE FORM

Participants Name: Last, _____ First _____ M.I., _____
Family Last Name if Different _____ Phone _____
Address _____ City _____ State _____ Zip _____
Emergency Contact Name & Daytime Phone _____
Address _____ City _____ State _____ Zip _____

Program Participants Date of
Name: Age: Birth:

INSURANCE LIABILITY WAIVER The Hammond Park & Recreation Department is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of the participants in the highest possible regard. Participant and parents registering their child in recreation programs must recognize however, that there is an inherent risk of injury when choosing to participate in recreation activities. The Hammond rules and instructions which have been designed to protect the participants safety. Please read this form carefully and be aware that participating in the program(s) listed above, you will be waiving and releasing all claims for injuries, you may sustain arising out of the activities of this program.

WAIVER AND RELEASE OF ALL CLAIMS As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death damages or loss, regardless of severity, which I, or my child may sustain as a result of participating of any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I, or my child may have against the City of Hammond, The Hammond Parks & Recreation Department and, its officers, agents, servants, and employees as a result of participating of program. I do hereby fully release and discharge the City of Hammond and The Hammond Parks and Recreation Department and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss that I may have or which may occur to me on account of my participation. I further agree to indemnify and hold harmless and defend the City of Hammond, The Hammond Parks and Recreation Department and its officers, agents, servants, and employees from any and all claims from injuries, including death, damages and losses sustained by me or my child, or arising out of, connected with, or in any way associated with the activities of the programs.

PERMISSION TO SECURE TREATMENT In the event of emergency, I authorize, The Hammond Parks & Recreation Department officials to secure treatment from any license hospital, physician, and or medical personnel for any treatment deemed necessary for my immediate care or the immediate care of my child and I agree that I will be responsible for payment of any and all medical service required. I have read and fully understand the aforementioned Program Details. Waiver and release of All Claims and Permission to Secure treatment. (NOTE): Please sign in the appropriate space below. I have carefully read the insurance liability waiver on this form and I understand that my signature is required below in order to participate in The City of Hammond's Park & Recreation Programs.

SIGNATURE _____ **DATE** _____
If participant is under eighteen (18) waiver must be signed and dated by parent or guardian

***REGISTRATION FORM MUST BE COMPLETELY FILLED OUT!**

Hammond Park & Recreation Department
5825 Sohl Avenue
Hammond, Indiana 46320
(219) 853-6378 Phone
(219) 853-6504 Fax

Jean Shepherd Community Center
3031 Mahoney Drive
Hammond, IN 46323
(219) 554-0155
(219) 554-0913