



CITY OF LIBERTY LAKE RECREATION SERVICES REGISTRATION FORM

Address: 22710 E. Country Vista Drive; Liberty Lake, WA 99019 Phone: (509) 755-6726 Fax: (509) 755-6713

Participant Information	Name: _____ Date of Birth: _____ Address: _____ City/State: _____ Zip: _____ Home/Cell: _____ Email Address: _____
Parent/Guardian <i>(if under 18)</i>	Name: _____ Home/Cell: _____
Emergency Contact Info	Name: _____ Phone: _____
Doctor Information	Name: _____ Phone: _____
Medical/Allergies <i>(please list)</i>	_____

Program Name:	Date:	Fee:
TOTAL FEE:		\$

Payment Information: <i>(do not send cash)</i> CHECK # _____ <i>*checks payable to City of Liberty Lake</i>	
Name:	Address:

PAYMENT BY CREDIT/DEBIT CARD CAN BE DONE ON OUR WEBSITE

LIABILITY WAIVER, RELEASE, & INDEMNITY AGREEMENT: I agree to release, indemnify, and hold the City, its agents, officers and employees harmless from any and all liability claims, actions, judgments, damages or injuries of every kind and nature whatsoever to the participant and/or his property arising from participation in activities for which the participant is registering. I further acknowledge that I have familiarized myself with the description of the activities, understand the hazards and the participant's personal limitations and knowingly assume all risks. I acknowledge I have read and understand this Liability Waiver, Release and Indemnity Agreement, and understand that I am waiving any claim I might have against the City for any harm sustained as a result of any activity for which I am registering a minor child. In case of an emergency I authorize permission for transportation to nearest and appropriate medical facility, and authorize emergency medical care if no one on this form can be reached. For publicity purposes I give permission to use any photos of people I am registering.

Signature *(must be 18 years or older)*

Date

Please visit our website for our refund policy and privacy statement