VILLA RICA PARKS & RECREATION DEPARTMENT
ADULT LEISURE PROGRAMS
REGISTRATION /WAIVER FORM

CLASS / ACTIVITY: _____

Name

Address **City**

Zip Code **Phone**

E-mail Address

EMERGENCY INFORMATION

Contact Person _____ **Phone Number** _____
Relationship _____ **Hospital Preference**_____

POLICIES AND DISCLAIMER:

I fully understand that Villa Rica Recreation Department staff members are not physicians or medical practioners of any kind. I hereby release the VRRD staff to render temporary first aid to me in the event of any injury or illness, and if deemed necessary by the VRRD staff member to call our doctor and to seek medical help, including transportation by a VRRD staff member or its representatives, whether paid or volunteer to the health care facility or hospital of my preference, or the calling of an ambulance should the VRRD staff deem this to be necessary.

I recognize my obligation to be aware of the risks and hazards associated with the recreational activity enrolled in. I further recognize that I may suffer injuries, possibly minor, serious or catastrophic in nature and recreation can be dangerous and can lead to injury.

I agree to indemnify, protect and hold harmless VRRD; it's officials, employees, agents, and servants from any and all claims, demands, actions, suits, damages, loss and expenses of whatever kind of nature to any person or to any property arising out of or in conjunction with this activity.

I, the undersigned hereby understand that insurance which would cover me in the event of injury in any activity sponsored by VRRD is my responsibility. I also understand that VRRD strongly recommends that if I do not have sufficient insurance to cover such incidents that I take necessary action to obtain it.

Signature _____ **Date** ____ / ____ / ____

Receipt # _____ **staff initial** _____

Please list any medical concerns we need to be aware of (i.e. allergies, asthma, etc.)

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