



Day Pass Class Registration

First Name			Last Name		
Address <i>(Residency for ages 18+ must be verified by DL, utility bill, etc.)</i>					
City				Zip	
Cell #			Email		
PARENT/LEGAL GUARDIAN/EMERGENCY CONTACT					
Name			Relationship		
Cell #			Other #		
PARTICIPANT NAME	M/F	DOB	CLASS	CLASS #	PARTICIPANT ACCOMODATION

RELEASE OF LIABILITY - I hereby release, absolve, indemnify and hold harmless the City of North Richland Hills, the Parks and Recreation Department, its employees, activity officials, supervisors, any or all in the event of any accident, injury or death sustained by the named participant(s) on this registration form while being transported to or from an activity, or while participating in any activity, from any liability of any kind whatsoever. All activities involve some physical nature and I understand and assume the risk in participating. In the event of serious accident or injury, I understand city officials may contact 911, provide and perform first aid, and when necessary, recommend transport to a hospital and reach the parent/guardian as soon as the situation allows. The Release of Liability Form will be valid and in force and effect for all purposes stated herein for twelve (12) months from the date of execution.

PRIMARY CARDHOLD/PARENT/LEGAL GUARDIAN SIGNATURE _____ DATE _____



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