



FOR OFFICE USE ONLY	
Date: _____	Staff Initial: _____
Picture Taken	<input type="checkbox"/>

Member Application

Name: _____ DOB: _____

Home Phone: _____ Cell Phone: _____

Spouse: _____ DOB: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ Zip: _____

Email address: _____

Emergency Contact (outside the home):

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

By participating in any individual or group activity sponsored by the City of North Richland Hills (City) or occurring at a City-owned facility, I understand and acknowledge the risks of the possibility of contracting or spreading COVID-19. I hereby release the City from any and all liability and waive any rights I may have, to bring a claim against the City, its employees, officers, or volunteers, in the event I or anyone for whom I am responsible, contracts COVID-19 resulting from such participation.

I hereby release, absolve, indemnify and hold harmless the City of North Richland Hills, Parks and Recreation Department, its employees, activity officials, supervisors, any or all in the event of an accident, injury or death sustained by the above named participant(s) while being transported to or from, or while participating in any activity, from any liability of any kind whatsoever. All activities invoke some physical nature and I understand city officials may contact 911, provide and perform first aid, and when necessary, recommend transport to a hospital and reach the emergency contact as soon as the situation allows

I give my permission for any photographs and video footage taken during these activities to be utilized for promotional uses by the City now and in the future.

Signature: _____

Print Name: _____ Date: _____