



BRISBANE PARKS & RECREATION DEPARTMENT REGISTRATION FORM

50 Park Place, Brisbane, CA 94005 | 415.508.2140 | www.brisbaneca.org

Section 3 --- Waiver, Release and Assumption of Risk --- must be signed/initialed where indicated by any participant 18 years of age or older and by a parent/guardian for any child. Registration forms not signed/initialed shall not be processed.

1. PRIMARY CONTACT (Adult)

Mr. / Ms. / Mrs. _____ Birthdate ____/____/____ Gender (circle) M F
Street Address _____
City _____ Zip _____ Email Address _____
Primary Phone _____ Secondary Phone _____
Emergency Contact _____
Relationship to Participant _____ Emergency Phone# _____ Additional Phone# _____

2. REGISTRATION INFORMATION

| PARTICIPANT'S NAME - First & Last (1 line per participant) | DATE OF BIRTH (mm/dd/yy) | GENDER (circle) | ACTIVITY NAME | DAY/TIME | FEE |
|---|-----------------------------|--------------------|---------------|----------|-----|
| 1. | | M F | | | |
| 2. | | M F | | | |
| 3. | | M F | | | |
| 4. | | M F | | | |
| 5. | | M F | | | |
| 6. | | M F | | | |
| 7. | | M F | | | |
| 8. | | M F | | | |

Total Fees \$ _____
Less Credit/Discount - \$ _____
TOTAL \$ _____

3. WAIVER, RELEASE AND ASSUMPTION OF RISK

I fully understand the nature of this City or City-sponsored program or activity in which I/my child will participate and understand that participation in such program or activity has risks that may lead to or cause personal injuries to myself/my child or damage to or loss of personal property. Notwithstanding these risks, on behalf of myself/my child, I assume all risks, waive, indemnify, hold harmless and release the City of Brisbane, its employees, agents and volunteers from all claims for personal injuries and damage to or loss of personal property. **Sign Below.**

PHOTO RELEASE: I authorize and permit the use of photography and/or media production of this program or activity in which I/my child may appear and do so without any expectation of compensation for such use. Initial Below.

| | | | |
|-------------------------------------|-----------------------------|---|----------------------------|
| <input checked="" type="checkbox"/> | Signature | 2nd Registrant's Signature (if two adults are registering on the same form) | Photo Release Initial Here |
| | Print Name _____ Date _____ | Print Name _____ Date _____ | X _____ |

4. PAYMENT



CREDIT CARD
Card # _____ Exp. Date _____
Signature X _____
Name on Card (print) _____

CHECK # _____
Payable to: CITY OF BRISBANE

CASH

Administrative Notes: