**** BARCODE #\_\_\_\_\_\_\_\_\_

* **Rec Pass**
* **Swim Class**
* **Pee-Wee Basketball**
* **Volleyball**
* **MYBA**
* **Adult Basketball**

**(Please circle one)**

 City of Miramar

 Parks and Recreation Department

 MVP - MIRAMAR VETERAN PROGRAM

Participant First Name: Last Name:

Address:

City: Zip: Home Phone #: ( )

Date of Birth: Age: Sex: Female Male

*If Minor Participant:* (Under 18 years of age)

Mother’s Name: Work Phone #: ( )

 Cell #: ( ) Pager #: ( )

Father’s Name: Work Phone #: ( )

 Cell #: ( ) Pager #: ( )

*Emergency Contact:* A person that can be contacted in an emergency. The emergency contact person has permission to remove the participant from the program.

1.) Name: Phone #: ( )

Relationship: Other #: ( )

2.) Name: Phone #: ( )

Relationship: Other #: ( )

*Medical Information:*

Family Doctor’s Name: Phone #: ( )

Insurance Co: Policy #:

Are you currently on any medication? If yes, please explain:

Physical limitations:

Participant Signature: Date:

Parent/Guardian Signature: Date:

(If under the age of 18)

(Office Use Only)

Circle one: Check Money Order Credit Card Amount: $

Receipt #: Registered by:

EXPIRATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Exhibit A**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **CITY OF MIRAMAR**

**RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT (ADULT)**

INSTRUCTIONS:Complete one for each participant.

DESCRIPTION OF ACTIVITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF ACTIVITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPANT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_

HOME TELEPHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK TELEPHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WORK#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICIAN’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned agrees that the City of Miramar and its officers, agents and employees will not be held liable for injuries or other loss which may occur as a result of my participation in the above-described activity, and that the undersigned voluntarily assumes the risk of any loss, injury or damage to person or property, which in any way arises out of participation in said activity.

**Further**, the undersigned **WAIVES ANY CLAIM** against the City of Miramar and its officers, agents and employees arising from loss, injury or damage and does **COVENANT NOT TO SUE** the City of Miramar and its officers, agents and employees.

**Further,** the undersigned agrees to **RELEASE, INDEMNIFY, AND HOLD HARMLESS** the City of Miramar and its officers, agents and employees from any and all claims, actions, demands, rights, judgments or expenses arising from or by reason of any and all known or unknown damages, claims or actions arising from participation in the above-described activity.

This indemnification and hold harmless shall continue notwithstanding any negligence or comparative negligence on the part of the City of Miramar relating to such loss, injury or damage.

I hereby give permission for the City of Miramar and its officers, agents and employees to call my physician and/or arrange for transportation to a hospital in the event of any injury, although I understand that the City of Miramar and its officers, agents and employees assume no responsibility to do so. I accept full financial responsibility for payment of any and all medical services rendered.

I hereby agree that this Release Form shall be binding on my heirs, successors and assigns.

The undersigned has fully read, understood and agrees to each and every term contained in this Release, Waiver and Indemnification Agreement.

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_)\_\_\_\_\_\_\_\_\_\_

DATE SIGNATURE CITY, STATE, ZIP CODE TELEPHONE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS PRINT NAME

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ADD

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS PRINT NAME

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ADDRESS