



2020 - 2021

Registration and Release Form

Participant information

Name: _____ D.O.B (mm/dd/yyyy): _____
Street Address: _____ Mailing Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Home #: _____ Work #: _____ Cell #: _____

Class Information

Class Title: _____ Registration Fee: \$ _____

Payment Method: Cash Card Check (Checks can be written to LPRD. To pay by card, please contact the office)

How did you hear about this class?

Website Facebook Flyer Craigslist Word-of-Mouth Publication: _____ Other: _____

Consent and Liability Waiver

The undersigned does hereby release and discharge La Pine Park and Recreation District (LPRD), it's employees, including independent contractors, agents, officers, and directors for any and all claims, demands, causes of action, damage, loss of services, costs and expenses in any way resulting from any and all injury to person or property arising directly or indirectly out of the student's participation in the above activity, including any negligence on the part of LPRD, it's employees or agents.

Further, the undersigned agrees to indemnify and hold forever harmless LPRD, it's employees, including independent contractors, agents, officers, and directors from any and all injuries, damages, costs, attorney's fees whatsoever which may arise out of the student's participation in the above activity, including any negligence on the part of LPRD, it's employees or agents.

The undersigned further consents and authorizes the representatives if LPRD on the undersigned's behalf to obtain any necessary medical treatments or hospitalization or such other care necessary for the health and welfare of the named student, and the undersigned agrees to be responsible for and pay the costs of such medical treatment or hospitalization. This release of liability and indemnification agreement shall be binding on the heirs, successors and personal representatives of the student and undersigned.

I have read the foregoing release of liability and the indemnification agreement and acknowledge that the provisions are contractual and not a mere recital, and I understand I am bound by the terms hereof by placing my signature hereon.

Media Release

I hereby authorize LPRD to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions). Further, I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by LPRD (I understand that I may be identifiable from such photographic or electronic reproduction). I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. Initial here if you do not agree to this _____

Refunds and Cancellations

If LPRD cancels a class you will receive a full refund. If you need to cancel, notify our staff at least one week in advance to be eligible for a full refund.

Signature: _____ Date: _____



COVID FORM 2020-2021

This COVID form must be filled out completely in order to participate in the La Pine Park and Recreation District Programs. If you are a minor your parents or guardians must fill out this form complete with signatures. These forms must be submitted with the registration.

Assumption of the Risk and Waiver of Liability Relating to Coronavirus (COVID-19) the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. LPRD cannot guarantee that your child or you will not become infected with COVID-19. Further, participation could increase your and your child's risk of contracting COVID-19.

Child's Name:

Last

First

Middle

Initials

___ By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at LPRD Programs and or events may result from the actions, omissions, or negligence of myself and others, including, but not limited to, LPRD, LPRD board members, LPRD staff, LPRD volunteers, program participants and their families.

____ I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or my child (including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expenses), of any kind that I may experience or incur in connection with my participation with LPRD programs or events. On behalf of myself and my child I hereby release, covenant not to sue, discharge, and hold harmless LPRD District programs, events, LPRD board members, LPRD staff, LPRD volunteers, program participants and their families, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that is release includes any claims based on the actions, omissions, are negligence of LPRD District programs, events, LPRD board members, LPRD staff, LPRD volunteers, program participants and their families, whether a COVID-19 infection occurs before, during or after participation with programs or events.

____ I represent that I have adequate insurance to cover any injury or illness I myself or my child may suffer or cause while participating in any of the activities, events or programs of LPRD District, or else I agree to bear the costs of such injury or illness myself. I further represent that I have a medical or physical condition which could interfere with my safety in participating in LPRD activities, programs, events, or else I am willing to assume-and bear the cost of -all risks that may be created, directly or indirectly, by any such condition.

____ By signing this document, I agree that if I or my child is exposed or infected by COVID-19 during my participation in LPRD programs, events, or activities, then I may found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

____ I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. I have read and understood this document and I agree to be bound by its terms.

PARENTS OR GUARDIAN ADDITIONAL AGREEMENT

Must be completed for participants under the age of 18)

In consideration of child's (name) _____
being permitted to participate in the LPRD district programs, I further agree to indemnify and hold harmless release from claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent Signature: _____ Date: _____