



HARTFORD PARKS & RECREATION DEPARTMENT
 125 N. Rural Street, Hartford, WI 53027 (262) 670-3730
 Fax (262) 673-8303
 Email: Signup@ci.hartford.wi.us

Family Last Name _____
 Family E-mail _____
 Street _____ City _____ Zip _____
 Primary Phone _____ Secondary Phone _____
 (Name & Number) _____ () _____ - _____

| Participant's Name | Sex | D.O.B. | Age | Grade | Program | Location | Day(s) | Date(s) | Time | Fee |
|--------------------|-----|--------|-----|-------|---------|----------|--------|---------|------|-----|
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LIABILITY WAIVER: All participants are required to sign the following release. Parents or guardians must sign for minors. I, the undersigned, do hereby agree, or agree for the above named registrant for whom I am the parent or guardian, to participate in the activity indicated am aware of and understand that there may be risks and hazards inherent with participants in this activity. I affirm that I, or the minor registered for this activity, am doing so as a voluntary participant. In consideration of my participation or participation of the minor I do hereby agree to release, waive, absolve, indemnify on behalf of myself or minor, my/his/her family, my/his/her heirs and my/his/her assigns the City of Hartford, its employees, officers, agents and sponsors from liability for injury, death or loss suffered by me or the minor in any and all present and future claims, liabilities, damages or right of action directly or indirectly resulting out of participation in the activity, using the facilities, or engaging in any activities incidental thereto during the duration of the scheduled program, which result from the ordinary negligence for the City of Hartford, its employees, officers, agents and sponsors. The City of Hartford does not provide accident insurance to participants in recreational activities and I assume full responsibility for any and all injuries or damages which may occur to me while participating.

MEDICAL EMERGENCY RELEASE WAIVER FOR MINORS: In the event of a medical emergency, I authorize the Parks and Recreation Department Staff to obtain medical treatment for my son/daughter or minor for which I am guardian.

PHOTO RELEASE: I agree to allow publication of any photos taken at any program, event or facility of the City of Hartford Parks and Recreation Department.

MEDICAL INFORMATION: If there are any medical conditions/allergies/disabilities the instructor/program supervisor should be aware of, the participant or parent of the participant should discuss this with the instructor/program supervisor the first time the program meets.

PAYMENT METHOD
 _____ Cash _____ (Check Payable to the City of Hartford)
 _____ Mastercard _____ Visa

Card No. _____
 Exp. Date (month & year) _____ / _____
 V-Code (on back of card) _____

OFFICE USE
 Res/NR _____ Date Rec'd _____ By _____

X Signature _____ Date _____