City of Shoreline Parks, Recreation and Cultural Services

2012 Liability Release Form

This form covers all recreation programs and community events offered by the Shoreline Parks, Recreation and Cultural Services Department for the year 2012. **Please complete this form, sign it, and return it to our office promptly.**

ADULT

Main Contact in Family: Last Name: _____First Name:_____

E-mail Address: _____ Male/Female _____ Date of Birth:_____

Address: _____ City _____ State _____ Zip Code _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Main Contact Medical Alerts (Special needs, allergies, etc)_____

ADDITIONAL PARTICIPANT

Additional Family Members: (Children, Spouse, etc)

Last Name	First Name	Male/ Female	Date of Birth (MM/DD/YYYY)	Medical Alerts (Special needs, allergies, etc)
		M / F		
		M / F		
		M / F		
		M / F		
		M / F		

Emergency Contact Info: Please list the emergency contact(s) for this account other than Main Contact:

Emergency Contact Name	Relationship	Home Phone	Work Phone	Cell Phone

It is important to me that I and/or my child(ren) be allowed to participate in recreation programs and community events offered by the Shoreline Parks, Recreation and Cultural Services Department. I understand that these programs and events include dance, sports, fitness, aquatics and other special interest classes, and I understand there are special dangers and risks inherent in these programs and events including, but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from my participation and/or the child's participation in the activity. Being fully informed of these risks and in consideration of being allowed to participate in the activity and/or use the City facilities, I assume all risk of injury, damage and harm to myself which may arise from my participation or my child's participation in the activities or use of City facilities. I further agree to release and hold harmless the City of Shoreline, its officials, employees, and agents and agree to waive any right of recovery that I may personally have in the future to bring a claim or lawsuit for damages against them for any personal injury, death, or harmful consequence occurring to me arising out of my participation or the child's or children's participation in the activity.

I hereby authorize the use of the photographs and/or videotapes of me or my child/children/ward as part of the City of Shoreline promotions. I understand that if I do not wish to have photographs taken, I must call (206) 801-2600 to request a photo waiver.

Signature:_____ **Date**: _____
Main Contact

Please complete and return to:
Parks, Recreation and Cultural Services Dept.
17500 Midvale Avenue N. Shoreline, WA 98133
Attn: Liability Form
Phone: (206) 801-2600 Fax: (206) 393-3380 E-mail: pks@shorelinewa.gov

___ I do NOT want to receive the Park & Rec enews.

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