



**CLERMONT**  
**Arts & Recreation Center**  
 3700 S. Highway 27, Clermont, FL 34711

## GYMNASIUM REGISTRATION FORM

*Please Print Legibly*

\_\_\_\_\_  
 TODAY'S DATE

**PARTICIPANT INFORMATION**

**PHOTO ID IS REQUIRED**

\_\_\_\_\_  
 FIRST NAME MI LAST NAME

\_\_\_\_\_  
 STREET ADDRESS CITY ZIP

\_\_\_\_\_  
 HOME PHONE CELL PHONE

\_\_\_\_\_  
 EMAIL

DATE OF BIRTH: MONTH DAY YEAR AGE

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

**PARENT INFORMATION (IF PARTICIPANT IS UNDER 18 YEARS OF AGE):**

\_\_\_\_\_  
 FIRST NAME MI LAST NAME

\_\_\_\_\_  
 STREET ADDRESS CITY ZIP

\_\_\_\_\_  
 HOME PHONE CELL PHONE

EMAIL: \_\_\_\_\_

I UNDERSTAND THAT IF MY CHILD IS UNDER THE AGE OF 14, ADULT SUPERVISION IS REQUIRED

**APPLICANT INITIALS**

<b>SELECT ONE PASS:</b>	<b>DAY</b>	<b>MONTH</b>	<b>ANNUAL</b>
RESIDENT RATE (PER PERSON):	\$2	\$30	\$200
NON RESIDENT RATE (PER PERSON):	\$3	\$45	\$300

**Resident/Non-Profit:**

- Applicant is a resident or land owner located in the Clermont city limits.
- For-profit businesses may utilize the resident rate only if the business's physical address is within the City limits. Rentals for the intended use of a business function must utilize the business's physical address.

*\*Non-Profit organizations must provide proof of non-profit status (501c3), and be currently registered and active with the Florida Division of Corporations. Applicant must be a registered agent, representative, or board member of the organization/business.*

**Non-Resident/Business:**

- Applicant resides outside the Clermont city limits.
- Business is located outside the Clermont city limits.

*\*Clermont Residents are not permitted to use 'Resident' status if the business is located outside of the city limits.*

***Please sign the waiver and release form on reverse side***

# City of Clermont Waiver and Release for Recreational Programs

## PHOTO PERMISSION

I hereby  Agree  Disagree (Check one)

To give my consent for myself and/or minor participant to be photographed by the City of Clermont for the purposes of advertising and/or public display, and for identification purposes.

## IMPORTANT INFORMATION

The City of Clermont is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participation in high regard. The City of Clermont continually strives to reduce such risks and insist that all participants and parents/guardians of minors registering for the listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward is physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disable in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

## WARNING OF RISK

Recreational activities/programs are intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers, and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction, or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exists. In this regard, it must be recognized that it is impossible for the City of Clermont to guarantee absolute safety.

## WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these program/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims my minor child/ward or I may have (or accrue to my child/ward or me) as a result of participating in these programs/activities against the City of Clermont, including its officials, agents, volunteers, and employees.

I do hereby fully release and forever discharge the City of Clermont from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT Participant Name

\_\_\_\_\_  
Parent Signature OR Participant Signature (if older than 18)

\_\_\_\_\_  
City Staff Approval (date/initials)