



**CITY OF CLERMONT**  
**RECREATION REGISTRATION FORM**  
 3700 South Highway 27, Clermont, FL 34711  
 Phone: 352-394-3500 Fax: 352-394-2900  
 www.ClermontFL.gov



**P L E A S E P R I N T**

**Program Name:** \_\_\_\_\_ **Tennis Racquet/Golf Club Needed: Yes / No**

**Participant Information**

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Sex:** **M / F** **Age:** \_\_\_\_\_  
Month / Date / Year                      Circle One

**Participant or Parent if under 18 years old**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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

**Photo Permission: I hereby**  **Agree**  **Disagree to give my consent to be photographed by the City of Clermont for purposes of advertising and/or public display. (Check one box)**

**EMERGENCY CONTACT INFORMATION**

**I understand every effort will be made to contact parents or guardians of program participants. In the event I cannot be reached, I hereby give permission to the physician or emergency services selected by the Program Director to make arrangements for medical care for myself/child/ward.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Alternate Emergency Contact Name & Phone #:** \_\_\_\_\_

**Allergies, Medications, Special Needs:** \_\_\_\_\_

**PAYMENT (OFFICE USE ONLY)**

Date: _____	Program Name: _____	Fee: _____	Receipt: _____
Date: _____	Program Name: _____	Fee: _____	Receipt: _____
Date: _____	Program Name: _____	Fee: _____	Receipt: _____
Date: _____	Program Name: _____	Fee: _____	Receipt: _____
Date: _____	Program Name: _____	Fee: _____	Receipt: _____
Date: _____	Program Name: _____	Fee: _____	Receipt: _____
Date: _____	Program Name: _____	Fee: _____	Receipt: _____
Date: _____	Program Name: _____	Fee: _____	Receipt: _____

# **City of Clermont Waiver and Release for Recreational Programs**

## **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.

<b>PRINT Participant Name</b> or <b>Parent/Guardian Name (if under 18)</b>	<b>Participant Signature</b> or <b>Parent/Guardian Signature (if under 18)</b>	<b>Date</b>
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