

**City of Bemidji Parks and Recreation Department 1351 5th Street NW Bemidji MN 56601
218.333.1857**

Main Contact

Last Name _____ First Name _____

Male Female DOB __/__/____ Are you a Bemidji Resident Yes No

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Emergency Contact & phone _____

Participant #1

Participant Name _____ Male Female DOB __/__/____

Allergies/ Special Conditions _____ T-Shirt Size _____

Program Title	Date(s)	Day of the Week	Time	Fee

Participant #2

Participant Name _____ Male Female DOB __/__/____

Allergies/ Special Conditions _____ T-Shirt Size _____

Program Title	Date(s)	Day of the Week	Time	Fee

Make Checks Payable to the "City of Bemidji" Total Amount Due \$ _____

***Payment and completed form are required for program registration*

WAIVER

Please read this form carefully and be aware that in signing up and participating in the above 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, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child and/or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my child/ward may be entitled to (or accrue to me or my child/ward) as a result of participating in these programs/activities against the City of Bemidji Parks & Recreation Department including its officials, agents, volunteers and employees. I do hereby fully release and forever discharge the City of Bemidji 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.

Participants registering or their parents hereby permit the taking of photos, audio and videotaping during the Parks and Recreation Department activities for publication and use as the City deems appropriate.

I have read and fully understand the above information, warning of risk, assumption of risk and waiver and release of all claims

Signature: _____ **Date:** _____

Office Use Only Total Paid \$ _____ Check # _____ Cash \$ _____ Date _____ Initial _____