



Haltom Recreation Center Class Registration Form

PLEASE PRINT CLEARLY

Participant's Name _____ DOB ____/____/____

Address _____ City _____ Zip _____

Phone Number _____ Email _____

Parent/Guardian (if under 18) _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____ Phone Number _____

Please register participant for this class: _____

REFUNDS – No refunds will be given for any classes, except if the class does not make.

Informed Consent/Liability Waiver

I understand that my use of the facility and my participation in its activities is entirely voluntary. I ASSUME RESPONSIBILITY FOR MY ACTIVITIES AND ANY ASSOCIATED HEALTH RISKS OR INJURIES, WHICH MAY RESULT OR BE AGGRAVATED BY MY USE OF THE FACILITY OR MY PARTICIPATION IN ITS ACTIVITIES. The facility will not have someone watching me or other users at all times and does not assume responsibility for direction, supervision, or control of my or other user's conduct or activities at the facility or in its activities. In addition to my personal health and safety, I also accept responsibility for my belongings, whether locked up or not, and whether damaged or stolen. In consideration of my participation at the Haltom Recreation Center, I release and discharge the City of Haltom City, all city departments, employees, and contractors, from any and all claims, demands, actions, or causes of action, and from any and all liability for any loss of property, damage, or personal injury of any kind, nature, or description, that may arise or be sustained by me, during or related to my use of the facility, my presence in or about the facility, or my participation in its activities. This release shall be binding upon my heirs, administrators, executors, and assigns.

Signature: _____ Date: _____

OFFICE USE ONLY

Date _____ Amount Paid \$ _____ Paid: Yes No Receipt # _____ Staff Initials _____