



REGISTRATION FORM (18 & Up)

Registrant's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Cellular Phone: _____ E-mail Address: _____
Circle one: Male / Female D.O.B.: ____/____/____ Age: _____
Emergency Contact Name: _____ Phone: _____
Activity Name: _____ Fee: \$ _____
Day(s) of Activity: _____ Time(s) of Activity: _____

REFUNDS WILL ONLY BE HONORED WITHIN THE FIRST 3 DAYS OF REGISTRATION. (THE 3 DAY REFUND POLICY INCLUDES WEEKDAYS AND WEEKENDS). REFUNDS WILL NOT BE HONORED AFTER THE 3 DAY GRACE PERIOD. NO EXCEPTIONS.

WAIVER FOR PARTICIPANT

IN CONSIDERATION OF THE CITY ACCEPTING MY OR MY CHILD'S ENTRY IN THE CITY SPONSORED ACTIVITY, I HEREBY WAIVE AND RELEASE THE CITY OF COCONUT CREEK, FLORIDA ON BEHALF OF MYSELF, MY CHILD, MY/HIS/HER HEIRS OR PERSONAL REPRESENTATIVE FROM ALL CLAIMS, ACTIONS AND LAWSUITS FOR PERSONAL INJURIES, PROPERTY DAMAGE OR WRONGFUL DEATH SUSTAINED BY ME/MY CHILD, ARISING OUT OF ANY ACT OR OMISSION COMMITTED OR OMITTED BY THE CITY, ITS EMPLOYEES, AGENTS AND INDEPENDENT CONTRACTORS OCCURRING DURING THE ACTIVITY SPONSORED BY THE CITY.

Signature: _____ Date: _____

Adult Photo Release

I hereby give the City of Coconut Creek (**hereinafter known as "the City"**) the absolute and irrevocable right and permission, with respect to the photographs that the City has taken of me or in which I may be included with others:

- (a) To copyright the same in the City's name or any other name that the City may choose.
- (b) To use, re-use, publish and re-publish the same in whole or in part, individually or in conjunction with other photographs, in any medium and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion, advertising, and trade, and
- (c) To use my name in conjunction therewith if the City so chooses.

I hereby release and discharge the **City of Coconut Creek** and the City's legal representatives and assigns from any and all claims and demands arising out of or in connection with the use of the photograph.

I am more than 18 years of age. I have read the foregoing and fully understand the contents thereof.

Registrants Name: (PRINT) _____

Registrants Signature: _____ Date: _____

METHOD OF PAYMENT

Total Fee Amount: _____ Check#: _____ Cash: _____
Credit Card: _____ (last 4 digits) Circle one: Mastercard or Visa
Received By: _____ Date: _____

