The City of Longview Washington

Longview Recreation
360.442.5400

Registration Form

1. Fill in desired Program for each Participant

Participant Name	Date of Birth (under 18)	Session #	Activity	Location	Activity Fee
					$0.00
					$0.00
					$0.00
					$0.00

2. Sign the Waiver

1. Please notify the department two weeks in advance if the above participant has a disability needing special arrangements, assistance, or any condition which would limit the participant in this activity.
2. The City of Longview does not provide medical or accident insurance coverage and is not responsible for personal articles lost or stolen.
3. I allow photographs taken during City programs to be published without limitation for non-commercial purposes.
4. I agree to abide by and follow the activity and registration policies and procedures.
5. Assumption of Risk, Waiver and Release

I am fully aware of the fact that there are special dangers and risks inherent in this activity, including, but not limited to, the risk of serious physical injury, death or other harmful consequences that may arise or result directly or indirectly to me from my participation in this activity. Being fully informed as to these risks and in consideration of my being allowed to participate in City sponsored activities, I hereby assume all risk of injury, damage, liability and harm to myself arising from such activities. I also hereby individually and on behalf of my heirs, executors and assigns, release and hold harmless the City of Longview, their officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my voluntary participation in this activity, except for the sole negligence of the City of Longview.

I certify that I am the parent or legal guardian of the participant named above; that I have read and understood the foregoing release and that I join the release without reservation, granting full consent and authorization for the above named person to participate in the activity.

Signature of Participant or Parent/Legal Guardian (if participant is under 18) _____ Date _____

Total: $0.00

Checks payable to: City of Longview

3. Print Family Information

Parent/Guardian Name: *In-city* ☐ *Out-of-city* ☐ *Please choose the out of city fee*

Address: *City:* *State:* *Zip:*

Day Phone: *Other Phone:* *Email:*

4. Enclose your Check or Fill-in your Charge Card information

Visa ☐ *Mastercard* ☐ _____ *Exp. Date:* _____ *Mo.* _____ *Yr.*

*Cardholder signature*_____

5. Mail-in or Drop-off: 2920 Douglas Street, Longview **Call-in:** 360.442.5400 **Fax-in:** 360.442.5955