

Parent:		Home Phone:	Work Phone:	
Address:		City:	Zip:	
Participants Name:	Birth Date:	Class:	Session Date:	Fee:
1.				
2.				
3.				
4.				
Total: _____				

Personal Release Agreement: I, the participant/or guardian, understand that the activities registered for contain elements of hazard or risk. I recognize the inherent danger involved and take full responsibility for my actions and physical condition for myself (and my child/ward). I agree to indemnify and hold Clear Creek Metropolitan Recreation District and any cooperating agencies involved in the activities and any of their servants, agents, or employees free and harmless from any liability, loss, cost, or expense including attorney's fees, which may result from participation in the activities. I agree I am solely responsible for payment of all costs resulting from the rendering of medical aid and ambulance service to the participant, and authorize that all necessary first aid steps may be taken as prescribed by qualified personnel. I grant full permission to use any photographs or any other record of this program for any purpose. By signing below, I agree that I understand and consent to this statement.

Participant's(Guardian's) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Credit Card Payment:**

Number: \_\_\_\_\_  
Mastercard or Visa

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_