## REGISTRATION FORM

Chillian Land	NI	E' No					
Child's Last Name:							
			T-Shirt Size:				
Address: Home Phone: Work Phone:							
	Address: Work Phone:						
Are there any medical illnesses or injuries that we should know about for the child's protection and yours?							
In case of an	emergency notify:		Phone #:				
WAIVER AND RELEASE OF LIABILITY							
<b>DISCLAIMER:</b> THE CITY OF BREWER ACTING THROUGH THE BREWER PARKS AND RECREATION DEPARTMENT IS NOT RESPONSIBLE FOR ANY INJURY OR LOSS OF PROPERTY TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING, OR IN ANY OTHER WAY INVOLVED IN THE BREWER PARKS AND RECREATION DEPARTMENT'S PROGRAMS FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF THE BREWER PARKS AND RECREATION DEPARTMENT, ITS AGENTS, OR EMPLOYEES.							
In consideration of my participation or the above named child's participation (if said child is under 18 years of age), I hereby release and covenant not-to-sue on behalf of myself and on behalf of the above named child if under 18 years of age the City of Brewer, Brewer Parks and Recreation Dept., and any of their employees, instructors, or agents, from any and all present and future claims resulting from any negligence on the part of the Brewer Parks and Recreation Dept. or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in the programs or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from any negligence by the Brewer Parks and Recreation Dept. and any of their employees, instructors, or agents, both present and future, that may be made by me, my family, estate, heirs, devisees, or assigns.							
involves certa damage, and s may be inaded neck injury. I thereto, include medical assist	ress and physical contact. I understand that the program all injuries resulting in complete or partial paralysis, brain organs, and that equipment provided for my protection gram involves a particular high risk of knee, head, and defected programs involve activities incidental participation at sites that may be remote from available in voluntarily participating in this activity with knowledge property damage, personal injury or death.						
I further agree to indemnify and hold harmless the City of Brewer, the Brewer Parks and Recreation Department, and others listed any and all claims arising as a result of my or the above named child engaging in or receiving instruction in programs or any act incidental thereto, wherever, or however the same may occur. I further agree that you may use my child's likeness, name and bit facts which may have been provided to you, including advertising and promotion. I understand that overdue account balances mesult in the removal of the participant from current programs and will affect their eligibility for future programs offered by the Parks & Recreation Department.							
I understand that this waiver is intended to be as broad and inclusive as permitted by laws of the State of Maine and agree that if portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for legal proceedings shall be in Maine.							
freely signing	this agreement. I have read thi	s form and fully understand that b	the child is under 18 years of age, am of legal age and ameny signing this form, I am giving up legal rights and or any and Recreation Dept. or any of the parties listed.				