

Class Registration Form

Name				_Email	Addre	SS						
Address Telephone Number (H)				City		Zip						
				(W)			(C)					
Age (circle one)	16-17	18-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99			
			Waiv	er & M	1edical	Author	rization	ı				
In consideration of being perm parent or legal guardian on his responsibility for and risk of a not to sue the City of Glidden on account of injury to my per agree to indemnify and hold ha any such activity or program, of medical treatment or surgery of read and fully understand the	or her behalt ny bodily inju- representative son or proper armless the re- (v) in the eve- eemed neces	f): (I) recog ary, damage es (the "rele ty, whether eleases iden nt of any in sary by lice	nize and ace or loss when asses?") from the tones of the tones of the tones of the	cknowledge nich may oc om all liabil gligence of t e from any ess while pa cal personne	that such a ccur as a res ity to the un the releasee and all loss articipating el, and (vi)	ctivity may fult of partic indersigned is or otherw in liability, of in such act consent to i	r involve ris cipating in s for any and vise, as a res lamage or c ivity or pro	such activity such activity all damage sult of partic cost that the gram, autho	or property y, (iii) relea e or loss, a cipating in y may incu prize any er	y damage, (1 ase, waive, c nd any clain any such ac ir as a result mergency fir	ii) assume full lischarge and ii or demand th tivity or progr of my particil est aid, medica	covenar covenar herefore am, (iv) pation ir ation,
SignatureDate									······································			
Registrat <i>P.</i>	O. Box 3	849; Gli	dden, L	or mail A 51443	3. Ques	tions, p	lease co	ontact 7	12.659.	3010.		
Activity Nan	ne			Session	#	Fee		Date P	aid	Cash	or Check	<u>K</u>
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