



2017 Liability Waiver & Information Form

Please return to:
 PRCS-Spartan Recreation Center
 202 NE 185th St Shoreline, WA 98155
 Phone: (206) 801-2600 Fax: (206) 801-2793 Email: shorelineparks@shorelinewa.gov

This form covers all recreation programs and community events offered by the Shoreline Parks, Recreation and Cultural Services Department (PRCS) for the year 2017. Please read and fill out this form completely and legibly. This information will be used in the event of an emergency. **This form must be on file with the PRCS Department prior to registration.**

Section One: Please provide information for ALL participants in your household.

First Name	Last Name	Gender (optional)	Date of Birth	Medical/Allergy Alerts (required field, N/A if none)
ADULTS/PARENTS/GUARDIANS				
<i>Main Contact</i>				
1.				
2.				
CHILDREN/DEPENDENTS/PARTICIPANT				
1.				
2.				
3.				
4.				
Address:				
City/State/Zip:				
Phone:	<i>Cell Phone</i>	<i>Home Phone</i>	<i>Work Phone</i>	
Email Address:				

Section Two: Please provide an Emergency Contact NOT listed above:

Emergency Contact Name	Relationship	Cell Phone	Home Phone
1.			

I am 18 years of age or older, fully competent and am the participant or the parent or legal guardian of the participant shown on this Liability Waiver Form. It is important to me that I and/or my child(ren) or ward be allowed to participate in recreation programs and community events offered by the Shoreline Parks, Recreation, and Cultural Services Department. I understand that these programs and events include, but are not limited to, dance, sports, fitness, aquatics, and other special interests classes, and I understand there are special dangers and risks inherent in these programs and events including, but not limited to, the risk of serious physical injury, death, or other harmful consequences which may arise directly or indirectly from my participation and/or the child's or ward's participation in the activity. HAVING READ THIS WAIVER AND BEING FULLY INFORMED OF THESE RISKS and in consideration of me and/or my child(ren) or ward being allowed to participate in the activity and/or use the City facilities, I assume all risk of injury, damage, and harm to myself or my child(ren) or ward which may arise from my participation or my child's or my ward's participation in the activities or use of City facilities. I further agree to release and hold harmless the City of Shoreline, its officials, employees, and agents, and agree to waive any right of recovery that I or my heirs and successors may personally have in the future to bring a claim or lawsuit for damages against the City of Shoreline, its officials, employees, and agents for any personal injury, death, or harmful consequences occurring to me or my child(ren) or my ward arising out of my participation or the child's/children's or ward's participation in the activity. ***I understand that if I DO NOT wish to have photographs and/or videotapes of me or my child/children/ward to be utilized for promotional purposes, I must call (206) 801-2600 prior to the first day of the program and/or event.***

Main Contact/1	Print Name:	Date:
	Signature:	Date:
Main Contact/2	Print Name:	Date:
	Signature:	Date: