



ACTIVITIES REGISTRATION
 Lawrence Parks and Recreation
 115 W. 11th St., Lawrence, KS 66044
 (785) 832-7920

FOR RECREATION USE ONLY Date _____
 Cash MC VS D Check # _____ Registrar _____ Loc. _____

HOUSEHOLD INFORMATION
 (PLEASE PRINT)

Name _____ Sex Male Female
 Address _____ City _____ State _____ ZIP _____
 Home Phone _____ Work Phone _____ Cell _____
 E-mail _____
 Secondary/Emergency Contact _____ Phone _____

YES! I would like to make a donation to the LPRD scholarship fund. Amt: \$ _____

Participant's First Name	Participant's Last Name	Birth Date	Sex M/F	Class Code	Sec	Class Name	Fee	Start Date

In consideration of my (and/or my child's) participation in this activity, I hereby release and discharge the City of Lawrence, Kansas, its commissioners, officers, employees, and agents from any and all claims, actions, damages, costs, liabilities, settlements, judgments, expenses, or lawsuits, including attorneys' fees, from any and all liability arising from accident, injury and illness that I (and/or my child) may suffer as a result of participation in such activity or consequent exposure to the Novel Coronavirus (COVID-19) and any and all other claims resulting from injuries, damages and losses sustained by me (and/or my child/children) arising out of, connected with or in any way associated with the activity, to the extent that such are caused by my or my child's breach of this agreement or by my or my child's negligence in relation to the underlying activity. I acknowledge that any programs offered via Zoom in which my child participates are subject to the terms and conditions of Zoom, including any data collection practices utilized by Zoom, and I hereby release and discharge the City of Lawrence, Kansas, its commissioners, officers, employees, and agents from any and all claims, actions, damages, costs, liabilities, settlements, judgments, expenses, or lawsuits, including attorneys' fees, or any claims related to such data collection practices.

In the event of an emergency, I authorize City officials to secure from any licensed hospital, physician or medical personnel any treatment deemed necessary for me (and/or my child's) immediate care and agree that I will be responsible for payment of any and all medical services rendered. If any damage to City facilities, equipment or material occurs as a result of misuse by me (and/or my child) during use in activity enrolled or participating in, I will be responsible for payment of any repairs and/or replacement needed. Also, the undersigned and/or participant(s) authorize the City to use at its discretion any photograph(s) (black/white or color and video footage) taken of participants while participating in City programs and activities for marketing in print or by electronic means. Registration is not valid without signature. For faxed registration, signature provided by transmittal will stand as a valid signature and will be held as binding and will represent consent of waiver here within.

I HAVE READ AND UNDERSTAND THE WAIVER, REGISTRATION AND REFFUND POLICIES

Signature Required _____ Date _____

Please Print Name _____ **REGISTRATION INVALID WITHOUT SIGNATURE**

METHOD OF PAYMENT
 Check or Money Order (**Payable to: City of Lawrence**) Cash MasterCard Visa Discover

DO YOU NEED SPECIAL ACCOMMODATIONS TO PARTICIPATE IN THESE PROGRAMS? **YES** **NO**
 If yes, please explain: _____