



Town of Davie Parks, Recreation and Cultural Arts Activity Registration Form

Last Name:	First Name:	
Address:		
City:	State:	Zip:
Cell Phone:	Home Phone:	
Date of Birth:	Age:	
Email Address:		
Emergency Contact Name:		
Emergency Contact Phone:		

The undersigned participant and/ or guardian, in consideration for being permitted to utilize a Town of Davie facility or attend a Town of Davie class, activity, or event, hereby:

1. Assumes all risk of possible property damage or bodily injury through participation in any sports activity by the Town or coordinated by the Town with any other person or entity.
2. Voluntarily chooses to participate in any facility, class, activity, or event with full knowledge that any facility, class, activity, or event is not an essential service.
3. Agrees to release, indemnify, and hold harmless the Town of Davie and/or its departments or agents, officers, officials, and employees from liability not caused by the Town of Davie, resulting from my participation in said facility, class, activity, or event.
4. Specifically agrees and acknowledges that any photos, images, or videos taken during said class, activity, or event shall be the sole property of the Town of Davie and as such, the Town shall utilize any and all photos, images, or videos taken only for any purposes deemed appropriate by the Town of Davie, including but not limited to brochures, documents, leaflets, posters, Town Website, or Davie TV. No other person or entity shall have the right to utilize said photos or images for private and/or public uses without the expressed consent of the Town.
5. Affirms that I have carefully read the above release, understand the contents of the release, and signs this release as my own free act.

I need a modification because of a disability for this program: Yes No

Print Name: _____ Activity: Water Fitness

Signature: _____ Date: _____

**Davie Resident? Yes No

Staff Initials: _____