

2008 FOUNTAIN HILL PLAYGROUND REGISTRATION FORM

CHILD'S NAME: _____ M F AGE: _____
(Please Print) Circle One (as of 6/16/08)

ADDRESS: _____
Street City State Zip

RESIDENT OF FOUNTAIN HILL: YES _____ NO _____

LEGAL GUARDIAN/PARENT: _____ PHONE: _____
(Emergency Phone #)

Day Phone Evening Phone Cell Phone

Email: _____

PLEASE LIST ANY ALLERGIES:

PLEASE LIST ANY MEDICAL PROBLEMS/DISABILITIES/CURRENT MEDICATION/ALLERGIES WE SHOULD KNOW ABOUT: _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of allowing my child to participate in activities associated with the Fountain Hill Summer Playground, I/we shall release, waive, discharge and covenant not to sue the Fountain Hill Borough, Parks and Recreation Dept., their agents and employees, from all liability from any and all loss or damage and any claim or demands thereof on account of injury to the person or property or resulting in death of the name participant except in the case of gross or willful wanton negligence of the Fountain Hill Borough, Parks and Recreation Dept., its agents and employees or otherwise while the named participant participates in the Fountain Hill Borough Parks and Recreation Summer Playground at any of the Borough's park facilities.

I/we further agree to indemnify the Fountain Hill Borough, Parks and Recreation Dept, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which the Fountain Hill Borough, Parks and Recreation Dept, their agents and employees become legally obligated to pay including reasonable attorney's fees and costs, as a result of claims, demands, costs or judgments against the Fountain Hill Borough, Parks and Recreation Dept., their agents and employees on account of injury to the person or property or resulting in the death of the named participant except in the case of gross or willful wanton negligence of the Fountain Hill Borough, Parks and Recreation Dept., their agents or employees and whether or not such liability is sole, joint or several.

I/we am aware that participation in this program may present a strain on my child's body, or its parts and there I represent to the Fountain Hill Borough, Parks and Recreation Dept. that to the best of my knowledge, my child is in proper physical condition to allow him/her to participate and that I/we assume the risk of participating. I acknowledge that I have received information concerning the Playground Activities given with registration, including the absence of medical personnel as it pertains to the playground and other programs.

I/we understand that in case of injury or illness, I/we will be notified. If it is impossible to contact me and it's an emergency, I/we hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child. I/we understand that the outline of this program is subject to change without notice and that my child may be videotaped or photographed during participation. I/we further agree the privileges may be revoked upon any participants at the sole discretion of the Playground Supervisor. I/we, the parent or legal guardian, the undersigned, have read this release and understand all its terms. I/we execute it voluntarily and with willful knowledge of its significance. I/we have executed this release on this date indicated next to my name.

Signature of Parent/Legal Guardian Date

FOR OFFICE USE: Cost: _____ Receipt: _____ Method of Payment: _____