



**City of Tualatin
Community Services
Department
Recreation Programs**

Register in person or by mail
 City of Tualatin Juanita Pohl Center
 Physical Address: 8513 SW Tualatin Rd.
 Mailing Address: 18880 SW Martinazzi Ave.
 Tualatin, OR 97062
 Phone: (503) 691-3014
 Email: msaviello@ci.tualatin.or.us

REGISTRATION AND LIABILITY WAIVER

Please read and complete both sides of this form

Participant Name (Last) _____ First _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Emergency Contact (name) _____ Relationship _____ Phone _____

Program Name _____ Date(s) _____ Registration Fee _____

For office use only: Paid _____ Date _____ Amount _____ Check # _____

Please complete the following if the participant is a minor under the age of 18:

Parent/Guardian Name _____ Participant's Age _____ Participant's Grade _____

Persons authorized to sign in/out participant
(other than parent/guardian, emergency contact) _____

Relationship _____ by initialing, I authorize my child to sign him/herself in and out of this program or activity

If you require an ADA accommodation in order to participate in recreation programs or activities please contact us.

Save time, Register and Pay Online!

WWW.TUALATINOREGON.GOV/RECREATION

Print Form

(Over)

Waiver of Liability, Photo/Video Release, Medical Release, and Parent Permission

Please read this form carefully and be aware that by your participation in this program/activity, you are expressly assuming risk and legal liability and waiving and releasing all claims for injuries.

Waiver of Liability

I recognize and acknowledge that there are certain risks of physical injury and property by participating in this program. I agree to assume the full risk of any injuries, including loss of life, personal injuries, property damages, and expenses, which I may sustain as a result of participating in any and all activities connected with or associated with the City of Tualatin Program. I also hereby waive, release, indemnify, hold harmless, defend, covenant not to sue, acquit, and forever discharge, the City of Tualatin and all officials, employees, officers, and agents of the City of Tualatin, from and against any and all rights of action, claims, demands, liabilities, injury, losses, or damages of any kind, arising in whole or in part out of my participation in the City of Tualatin Program. This includes, without limitation, claims based upon loss of life, personal injuries, or property damages, sustained by me or caused by me. I agree to assume all risks associated with participation in the program and acknowledge and agree that the City of Tualatin assumes no liability.

Photo/Video Release

I hereby grant to City of Tualatin and its officers, employees, and agents, permission, with no claim of payment, to record my image and comments, regardless of the media used to capture my image and comments, together with the right to use, publish, copyright, and reproduce in whole or in part any such image and/or comment for use by the City for business purposes, including, but not limited to promotional materials, public relations, development, or any other legitimate business purpose of the City. I hereby waive any and all rights that I may have to inspect or approve any such image and/or comments or completed products which incorporate all or part of any such image and/or comments. I hereby release and hold harmless the City from any and all liability arising out of or in any way related to the use of such images and comments, including but not limited to any liability arising by virtue of any blurring, distortion, alteration, illusion, editing, or use in composite form, whether intentional or otherwise, that may occur in the making or processing of the finished product.

Medical Release

Due to the strenuous nature of some activities, the participant, or of the participant is a child, the child's parent or guardian, is encouraged to consult a physical concerning the participant's fitness to participate in the program. IN case of emergency, accident, or illness, I give my permission and consent for the above participant to be treated by an emergency medical technician and/or medical professional and admitted to a hospital, whether medically necessary or as a precaution. I authorize the City to transport the above named participant to the nearest hospital in case of injury or suspected injury while the participant is involved in a city program or activity. I agree to be the party responsible for all medical and hospital expenses occurred on behalf of the above participant.

Parent Permission

I (we), parent(s) of, or legal guardian(s) for, the above participant, hereby consent to participation in this City of Tualatin Program. On behalf of the participant listed above, I accept the waiver of liability, photo/video release, and medical release provisions of this registration form.

By my signature below, I have read the Waiver of Liability, Photo/Video Release, Medical Release, and Parental Permission, understand its terms, including the waiver and release provisions, and **voluntarily agree to be bound by the terms therein.**

SIGNATURE OF PARTICIPANT

TODAY'S DATE