



Waterford  
**Parks & Recreation**  
3621 Pontiac Lake Road, Waterford, MI 48328  
Phone (248) 674-5441 Fax (248) 618-7674  
[www.waterfordmi.gov/parks](http://www.waterfordmi.gov/parks) [parksinfo@waterfordmi.gov](mailto:parksinfo@waterfordmi.gov)

# Registration Form

Head of Household (First/Last Name) \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Phone (Primary) \_\_\_\_\_ Phone (Secondary) \_\_\_\_\_

Emergency Contact #1 (Required) Emergency Contact #2 (Required) ***Not living in household***

Name \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Participant Name	Birthdate	Grade	Gender	Program # and Name	Fee*
					*Non-residents add \$10
					\$
					\$
					\$
					\$

Payment Method:  Cash  Check Payable to Waterford Parks & Recreation  Charge

Total Due  
\$

Credit Card Info	Visa/MC/Discover # _____ CVV _____ Exp. Date _____
	Signature Required Visa/MC/Discover _____ Date _____

## ACCIDENT WAIVER, RELEASE OF LIABILITY AND INDEMNITY/HOLD HARMLESS AGREEMENT

**Release, Waiver and Assumption of Risk:** In consideration of acceptance of my (or my minor child's) registration in the program(s), I do hereby, take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns to: (A) Waive, release, and discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me, including as to my traveling to and from this event, the following entities or persons: Waterford Township and Waterford Parks and Recreation Department (hereafter referred to as WPR), its elected and appointed officials, employees and volunteers, and representatives and agents, and others working or acting in behalf of Waterford Township and WPR; and to the extent permitted by law (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of or relating to my attendance at or participation in this program(s).

**Photo/Video Authorization:** I hereby give my consent for WPR to use photos/videos of myself and/or minor child participating in a WPR sponsored program or event in future marketing materials. I acknowledge those pictured will only be named with their consent, or parent/guardian consent if younger than 18 years of age. I acknowledge event attendees must contact the photographer at the event if they wish themselves/their children not be photographed.

Signature of Participant or Parent/Guardian  
(If participant is under 18 years of age)

Print Name

Date