

6116 Wilson Mills Road, Mayfield Village, OH 44143 Phone: 440-995-6840 <u>www.mayfieldschools.org</u>

REGISTRATION FORM Please Print

REGISTRATION TORRY			
Primary/Parent Name:		Date of Birth:	M/F:
Address:	City:		Zip:
Home Phone:	Cell Phone:	Work Phone:	
Email:	Emergency Name:	gency Name: Phone:	
As a participant in a program, activity Mayfield City School District Board of E and Recreation Department(hereinafte the participant for whom Releasor will variety of risks, and Releasor agrees to damage to property, or any other loss with Releasor's use of the WSF or participating in any activity to be held varticipate in activities within the WSF activity conducted within or about the WSF.		iilis;(2)the Highland Heights Reci Recreation Department; and/or (4 ness" WSF) to be held within or all nizes and acknowledges that Rel hysical injuries, death, loss of ser participating in any and all activition and which may restrict or limit Fit any special accommodation Rel g, at least one week prior to Rel	the Mayfield Village Parks bout the WSF, Releasor (or easor may be exposed to a vices or consortium, loss or es connected or associated Releasor, in any way, from leasor may need in order to leasor's participation in any
next of kin and assigns, hereby: (1) rel representatives from any and all claim programs of the WSF; (2) waives and activities offered by the WSF; and (3) employees, volunteers, independent of	p Releasor's registration and participation, and with the eases the WSF and any of its officers, officials, agents, s, liabilities, demands, actions or causes of action in a relinquishes any claim Releasor had, has or may he covenants not to sue and agrees to hold harmless a contractors and other representatives, from any and a icipation use of, in any manner, the WSF.	s, employees, volunteers, indeper any way resulting from my partici ave as a result of Releasor partic and defend the WSF and any of i	ndent contractors and other pation in this and any other cipating in any programs or ts officers, officials, agents,
of the participant for whom Releasor is but not limited to, private or public pres	nereby grants and provides the WSF the right to use R signing) with or without Releasor's name, individually sentations, advertising, publicity and promotion. Releas WSF harmless from any and all liability of whatever nat	and in conjunction with others fo sor warrants that Releasor has th	r any purpose including, e right to authorize the
Signature:		Date:	

For Office Use Only: Proof of Residency verified for District Rates by: _