



Town of Queen Creek Senior Program 2021-2022 Registration Form

PARTICIPANT INFORMATION:										REQUIRED	
Name:					Birthday:						
Address:											
City:					State / Zip:						
Phone:					Mobile Phone:						
Email:											
Mailing Address: <i>(If different from above)</i>											
City:					State / Zip:						
IN CASE OF EMERGENCY, CONTACT:											
Name:					Relationship:						
Phone:				Mobile Phone:				Email:			
Can the Emergency Contact listed be added to our email list so they are notified of any program updates/changes?										YES	
										NO	

MEDICAL INFORMATION:										REQUIRED
Health Conditions:										
Allergies:										
Medications:										
Any Additional Comments/Notes:										

OFFICE USE ONLY:											
Date Collected:						Name Tag Created:					
2022-2023				2023-2024				2024-2025			
Month	Day	Year	Initials	Month	Day	Year	Initials	Month	Day	Year	Initials

COVID-19 WAIVER:

1. **Assumption of Risk:** I acknowledge that participation in the Program involves risk (both known and unknown) of physical injury, mental stress, and damage or destruction of personal property. I agree to assume all risks associated with the Program, including risk of equipment malfunction, defect in design, as well as those risks arising from improper or negligent operation or use of equipment or any implementation or supervision of Program activities.
2. **Medical Condition:** I represent and warrant that Participant has no physical or mental infirmity or condition which will prevent Participant from Participation or creates additional risk through Participation. I agree that it is my responsibility to stop my participation if I have any indication that it might be unsafe or detrimental to my wellbeing. I agree to notify Town immediately of any problems encountered while participating in the Program.
3. **Release and Waiver.** I hereby release and waive any claims that I may have against the Town, its officers, volunteers, officials, employees, agents, and elected officials (collectively, the “Town Parties”) for any physical injury, death or property damage I experience arising out of participating in the Program, including claims based in negligence.
4. **Indemnification:** I do hereby, for myself, my heirs, executors and assigns, agree to indemnify and hold harmless the Town, its employees, volunteers, officials, agents and elected officials, from any and all liability for any damage or injury which may occur or result, regardless of the cause, from my participation in the Program, including without limitation for injury, death, damage, and/or other liability of any nature arising out of or relating to the Program. This release of liability and agreement shall apply to any claim, demand, suit or right of action that might accrue to myself, my heirs, and my personal representatives, including claims of negligence. I agree to participate in the Program with full knowledge of the conditions contained herein. I agree not to seek contribution or indemnification from the Town or Town Parties if I am sued by any party in connection with my participation in the Program.
5. **Images & Recordings:** I consent to the unrestricted use of my image and/or my name, in connection with the Program or any person authorized by the Town, including, without limitation, any photographs, audio or video recordings, interviews, videotapes, or motion pictures whether for television, radio, internet, or print media.
6. **Consent of Parent/Guardian:** (If Participant is a minor) The undersigned is the parent or legal guardian (“Parent/Guardian”) of the Participant. Parent/Guardian consents that the Participant may participate in the League and hereby executes this Waiver and Release on his/her behalf. Parent/Guardian affirmatively states that Participant complies with any and all requirements for participation in the League. Parent/Guardian agree to hold the Town and Town Parties free and harmless from any loss, liability, damage, cost, or expense that they may incur as a result of the death, injury or property damage that Participant or the undersigned may sustain from participation in the Program.
7. **COVID-19/Protecting Participants Release and Indemnity:**
 - A. I agree that I and all other Participants and/or persons in my family involved in any way in the Program will fully comply with all federal, state, county and Town ordinances, codes, rules, regulations, executive and/or emergency orders, and to strictly follow the protocols as directed by the Centers for Disease Control and Prevention, the United States Department of Labor Division of Occupational Safety and/or the Arizona Department of Health Services, arising from, addressing, or related to COVID-19 and/or any other threats to public health.
 - B. I agree that the releases, waivers and indemnities set forth in 1, 2, 3, 4 and 6 above apply equally to any and all claims, loss, cost, damage, and/or expense arising from or related to my or any Participant’s, spectator’s, or other person’s failure to comply therewith or otherwise related to exposure during or in connection with the permitted event.
 - c. I agree that effective physical distancing and proper hygiene can be only be accomplished through personal responsibility and it is each person’s individual duty to protect themselves, their families and the community, and doing so is the sole responsibility of myself, Participant (if other than me), the other participants, and the other parties involved in the Program, not the responsibility of the Town.

AGREEMENT TO THE WAIVER:

Participant’s Printed Name:			
Participant’s Signature:		Date:	