



Town of Queen Creek Senior Program 2024-2025 Registration Form

| PARTICIPANT INFORMATION: | | | | | | | | | | REQUIRED | |
|---|--|----------------------|--|---------------|------------------------|--|--|--|--|----------|--|
| Name: | | | | | Birthday: | | | | | | |
| Address: | | | | | | | | | | | |
| City: | | | | | State / Zip: | | | | | | |
| Mobile Phone: | | | | | Phone Provider: | | | | | | |
| 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: | | | | | Date Name Tag Created: | | | | | | |
| 2025-2026 | | | | 2026-2027 | | | | 2027-2028 | | | |
| | | | | | | | | | | | |
| Month | Day | Year | Initials | Month | Day | Year | Initials | Month | Day | Year | Initials |

REC LIABILITY 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.

AGREEMENT TO THE WAIVER:

REQUIRED

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