



**CITY OF BAY CITY**  
**PARKS AND RECREATION DEPARTMENT**  
**2017 REGISTRATION FORM**  
 (979) 323-1660 or [www.cityofbaycity.org](http://www.cityofbaycity.org)

**PLEASE PRINT**

Name: \_\_\_\_\_

Sex:     M     F                      DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_                      Shirt Size: S    M    L    XL    XXL

Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_

Phone#: (home) \_\_\_\_\_ (cell) \_\_\_\_\_                      e-mail: \_\_\_\_\_

CLASS:             TRADITIONAL                       SIGHTED

**PARTICIPANT RELEASE**

**Medical Release/Waiver**

Acceptance of my entry in this event is without responsibility of any kind by the City of Bay City and I do hereby, for and on behalf of myself, my heirs and legal representatives, release and forever discharge the City of Bay City, its officers, employees, representatives and agents from any and all claims, demands and injuries, howsoever arising whether caused by the negligent or intentional act of the City of Bay City, and or its officers, sponsored recreational program and any period traveling to or from the events and or program described and all such claims are hereby waived and release and I covenant not to sue therefor. The individual by signing below does hereby agree to indemnify and hold harmless the City of Bay city, its representatives, officers, employees, and agents from any liability which may be incurred to the entrant and or my child who is participation in the program, howsoever arising and whether caused by the negligent or intentional acts of the City of ay City, its agents, representatives employees or officers. I HAVE FULLY READY AND UNDERSTAND THE FOREGOING RELEASE AND INDEMNITY AGREEMENT AND EXECUTE IT FREELY AND VOLUNTARILY FULLY REALIZING THAT I AM NOT REQUIRED OR OBLIGATED TO PARTICIPATE IN THE PROGRAM.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

*I hereby **do** \_\_\_\_\_, **do not** \_\_\_\_\_ consent and authorize the City of Bay City Parks and Recreation Department to reproduce photographs or videos of me or my child for advertising and publicity purposes.*

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only / Payment Info:** \_\_\_\_\_

**Employee:** \_\_\_\_\_

Fee\$ \_\_\_\_\_

Fee\$ \_\_\_\_\_

TOTAL:        Fees\$ \_\_\_\_\_        Date \_\_\_\_\_

Cash / Check / Credit