

## PROGRAM REGISTRATION FORM

### Program Information

Program Name	Program Number	Price
Program Name	Program Number	Price
Program Name	Program Number	Price
		Total

### Customer Account Information – Parent/Guardian or Participant if 18+

<i>Items marked with an asterisk (*) are required</i>				
First Name*	Middle Name	Last Name*		
Street Address*		Apartment/Unit Number	City & State*	Zip Code*
Home Phone*	Cell Phone*	Do you agree to receive Text Message Alerts? <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell Phone Service Provider (For Text Message Alerts)
E-mail Address*		Do you agree to receive promotional e-mails?*		Gender*
		<input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth (Month/Day/Year)*
May we contact you regarding opportunities to volunteer?*		How did you hear about us? (Flyer, Website, Word of Mouth, etc.)		
<input type="checkbox"/> Yes <input type="checkbox"/> No				

### Participant Information if under 18

<i>Items marked with an asterisk (*) are required</i>			
First Name*	Last Name*	Gender*	Date of Birth (Month/Day/Year)*
First Name*	Last Name*	Gender*	Date of Birth (Month/Day/Year)*
First Name*	Last Name*	Gender*	Date of Birth (Month/Day/Year)*
First Name*	Last Name*	Gender*	Date of Birth (Month/Day/Year)*

### Emergency Contact

<i>If possible, the emergency contact should NOT be the parent or guardian. The emergency contact is only contacted if we cannot reach the parent/guardian we have on file.</i>		
First Name	Last Name	
Relation		
Home Phone	Work Phone	Cell Phone

Do any of the participants have allergies or other health risks we should be aware of?

Yes No

If so, please indicate which participant and what allergies or health risks we should be aware of.

---

---

Do any of the participants require accommodations to participate in this program?

Yes No

If so, please indicate which participant and what accommodations are necessary.

---

---

## PROGRAM WAIVER

*I am aware that participation in any program, sport, or activity can be dangerous involving risks of injury. I understand that the dangers and risks of participating include, but are not limited to, death, serious or permanent injury, and damage to other parts of my body. I understand that spinal and neck injuries, which could cause brain damage and/or paralysis, are among the many injuries I could receive from participation in these activities. I am aware of the nature of this activity and I assume responsibility for myself, if I am a participant, and as parent or guardian of the minor child(ren) indicated above as participant(s). In consideration of the permission by Coconino County to accept the above named participant(s) in the listed activities, the undersigned hereby releases and holds harmless Coconino County, the Parks & Recreation Department, its officers, officials, employees, and volunteers from and waives and relinquishes any claim, liability, cause of action, damages, or costs for personal injury or property damage arising as a result of participation in or receiving instructions from the County regarding said activity, including transportation to and from the activity.*

*The undersigned acknowledges that he/she has been fully advised of the risks and potential dangers incidental to engaging in the activities for which this registration is submitted and voluntarily and knowingly assumes the risks of engaging in the activity. I hereby approve of the County to use my likeness or my minor child's likeness in future publications and/or publicity. All photos will remain the property of Coconino County. By signing this agreement you are agreeing to relieve the County of liability to personal injury, wrongful death or property damage, and release photo rights.*

**Please print legibly**

Participant(s) Name(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

## COVID-19 PROGRAM WAIVER

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Coconino County Parks & Recreation (CCPR) has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, CCPR cannot guarantee that you will not become infected with COVID-19. Further, attending any program may increase your risk of contracting COVID-19, and may increase the risk of transmitting COVID-19 to others.

I acknowledge the highly contagious nature of COVID-19 and voluntarily assume the risk that I, or members of my group or organization, may be exposed to or infected by COVID-19 by participating in any way in any event, program, or activity taking place at a CCPR facility or park, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the CCPR facility or park may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Coconino County employees, volunteers, and other participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or members of my group or organization, including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that they or I may experience or incur in connection with participation in any event, program, or activity taking place at a Coconino County Parks & Recreation facility. I hereby release, covenant not to sue, discharge, and hold harmless the County, its employees, agents, and representatives, of and from any claims related to COVID-19, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I further agree to indemnify and hold harmless Coconino County and its employees, agents, and representatives from any claim that may arise from or in connection with my or members of my group or organization's participation in any program taking place at a Coconino County Parks and Recreation facility or park, including claims related to COVID-19. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Coconino County, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Coconino County Parks & Recreation program.

**Please print legibly.**

Participant(s) Name(s): \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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