



Program Registration Form

Participant First Name: _____ Participant Last Name: _____

M F Birthdate: Month _____ Day _____ Year _____ Age: _____ Grade: _____

Parent/Guardian Name: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

City Resident: Yes No Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relation: _____ Phone #: _____

T-shirt Size (if applicable): YXS YS YM YL AS AM AL AXL AXXL

Medical Information/Special Needs (allergies, special medications, instructions, etc): _____

Special Accommodations (check if needed)

Activity	Session Start Date/Time	Program Fee

Total Amount Paid \$ _____

PLEASE READ BEFORE SIGNING:

I understand the following:

CITY OF SARASOTA WAIVER OF LIABILITY

In consideration of permission to use, today and on all future dates, the property, facilities, staff, equipment and services of Arlington Park & Aquatic Complex of the City of Sarasota, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the City of Sarasota, its officers, employees, and agents from liability from any and all claims including the negligence of the City of Sarasota resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in activities, classes, observations, and use of facilities, premises, or equipment ("Fitness Activities") of Arlington Park. I agree to hold the City of Sarasota harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys' fees arising or resulting from my participation or involvement in Activities at Arlington Park.

Assumption of Risk/Fitness Activities: Fitness Activities, by their very nature, carry with them certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Fitness Activities at Arlington Park include weightlifting, running, aerobic exercise activities, pool activities, fitness classes, basketball, baseball and other sporting activities. Some of these Activities involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and other involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but the risks range from minor injuries such as scratches, bruises, and sprains, to major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to catastrophic injuries including paralysis and death. I have read the foregoing and I know, understand, and appreciate these and other risks that are inherent in the Fitness Activities made possible by Arlington Park of the City of Sarasota. I hereby assert that my participation is voluntary and that I knowingly assume such risks.

Pre-existing Health Condition: I affirmatively state that I do not suffer from any type of ailment, illness or disorder that may adversely affect my ability to participate safely in the Fitness Activities. Having stated the foregoing, I assume any and all risk to my personal health and well-being as a result of my participation in the Fitness Activities.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by law of the State of Florida and that if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

Conduct: I also agree to abide by all policies developed by Arlington Park & Aquatic Complex of the City of Sarasota of which I have received a copy. Failure to do so may result in a suspension of my pass and privileges.

Acknowledgement of Understanding: I have read this RELEASE, waiver of liability, assumption of risk, PARENTAL CONSENT (IF APPLICABLE) and locker agreement (if applicable) AND fully understand its terms, and understand that I am giving up substantial rights, including my right to FILE SUIT. I acknowledge that I am signing below freely and voluntarily and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Photo Release: I hereby acknowledge that the City of Sarasota photographs activities as a way to keep records of yearly programs. I hereby grant permission for the City to use my photograph to promote activities at Arlington Park. The photography may be used on the City of Sarasota Facebook page, brochures, flyers, advertisements and /or presentation to the City Commission.

_____(SEAL) _____ Date: _____

Signature of Participant/Parent/Guardian

Print Name

FOR OFFICE USE ONLY

Date: _____ Receipt #: _____ Total Amount Paid: _____ Initials: _____