



Fall 2020 Registration Form: Session 2

Participant Name _____ Age _____ Birth Date _____ Gender _____

Address _____ City _____ Zip _____

Are you a new participant? Yes No Is this a new address? Yes No Is this a new phone number? Yes No

If you are new to SEASPAR, how did you learn about us? _____

Home # _____ Participant Cell # _____ Participant Email _____

Parent 1 Name _____ Work # _____ Cell # _____ Email _____

Parent 2 Name _____ Work # _____ Cell # _____ Email _____

Guardian Name _____ Work # _____ Cell # _____ Email _____

Participant School _____ Teacher _____

Disabilities or Diagnoses _____

Are there any changes in allergic conditions? Yes No Dietary restrictions? Yes No Medication? Yes No

Other health issues? Yes No Please list _____

Do you have an updated emergency contact? Yes No Name _____

Address _____ Phone Number _____

Indicate friends and/or carpool accommodations _____

WAIVER AND RELEASE

IMPORTANT INFORMATION

SEASPAR is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. SEASPAR continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers, and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for SEASPAR to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this activity against SEASPAR, including its officials, agents, volunteers and employees.

I understand that SEASPAR carries no medical insurance and the participant's family must cover any medical costs incurred. In the event of an emergency, I understand and authorize SEASPAR staff and officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for immediate care for myself or minor child and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Parent/Guardian Signature _____ Date _____

Participant Signature (if 18 or older) _____ Date _____

**PARTICIPATION WILL BE DENIED if the waiver is not signed and dated by parent/guardian.
PARTICIPATION WILL BE DENIED if a 2020 Annual Information Form is not on file.**

Clicking the "Submit Now" button will prepare a pre-filled email using your computer's email software. You may also email completed form to adminstaff@seaspar.org. Please save a copy of this form for your own records.