



# Open Gym

Year: \_\_\_\_\_

## Program Registration Form

Main Contact Name: \_\_\_\_\_ Main Contact Birthdate: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Contact Phone Number: \_\_\_\_\_ Best Contact E-mail Address: \_\_\_\_\_

\*\*\*\*\*List all registering individuals, birthdates and courses below\*\*\*\*\*

Participant Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Participant Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

Participant Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Participant Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

### LIABILITY WAIVER

I (if over 18), the undersigned Participant/Parent/Guardian (Please circle one), understand and agree that the City of Lenexa, Kansas, is not and shall not be responsible for or liable for any illness or injury to person or damage to property that I (or the participant, if a minor) may suffer as a result of participation in the above-referenced program(s). I hereby forever release and hold harmless the City of Lenexa, Kansas, its employees, agents and representatives from any and all claims of any kind that I, or my respective heirs, executors, administrators or assigns, may have or claim to have resulting from participation in said program(s). I further authorize the City of Lenexa, Kansas to use at its discretion any photographs or video(s) taken of me (or the participant, if a minor) while participating in the program and waive any and all claims that I (or the participant) may have resulting from any use of such photograph(s) or video tapes. I recognize that there are inherent risks and dangers in the activities that I will take part in. I expressly agree to accept and assume all such risks existing in this activity, including risks of injury. I acknowledge that I have been urged and advised to seek the advice of a physician before participating.

I HAVE READ AND UNDERSTAND THE LIABILITY WAIVER, THE REGISTRATION INFORMATION AND THE CANCELLATION POLICIES.

\_\_\_\_\_  
Signature of Participant/Parent/Guardian

\_\_\_\_\_  
Printed Name of Participant/Parent/Guardian

\_\_\_\_\_  
Date