

Registration & Acknowledgment of Risk Form

All information is for Parks & Recreation use only
Village of Archbold Department of Parks & Recreation
300 N. Defiance Street
Archbold, OH 43502

Program Name: _____

Participant's Name: _____

Address: _____ Zip: _____

Phone: _____ Work Phone: _____

If the participant is under 18 years old, please fill out the information in this box.

Date of Birth: _____ Parent's Name(s): _____

Grade: _____ School Attending: _____

Emergency Contact: _____ Phone: _____
(Other than parent)

Emergency Contact #2 _____ Phone: _____
(Other than parent)

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Preferred: _____ Phone: _____

Special Limitations/Conditions/Allergies: _____

I recognize that the Village of Archbold, any of its co-sponsors including other entities, their employees or agents, assume no responsibility for myself or my child. I will assume all risks that may arise from this participation. I also hereby waive any claims against the Village, its co-sponsors, their departments, officers, employees or agents for any injuries or loss that may arise from this participation. This release includes off-site transportation of program participants to and from Village facilities and related field trips and programmed activities. I acknowledge I retain the right to assert any claims that arise from the gross negligence or gross misconduct of the Village of Archbold or any co-sponsoring entities, their officers, employees or agents.

SIGNATURE: _____ DATE: _____

RECEIPT #: _____