EMERGENCY CONTACT INFORMATION Name Phone Relationship Relationship Relationship Relationship Phone Address Phone Relationship Relation	Name	Age	Date of Birth
Phone	Home Phone Work/Cell Phone(s))	
Phone	Address		
Phone	Email		
NamePhoneRelationship			
NamePhoneRelationship			
MEDICAL INFORMATION Health Insurance Company Family Physician Address Phone	EMERGENCY CONTACT	INFORMATI	ION
MEDICAL INFORMATION Health Insurance Company Family Physician Address Phone	Name Phone		Relationship
Health Insurance Company			
Health Insurance Company Family Physician			
Health Insurance Company Family Physician			
Address Phone Phon	MEDICAL INFOR	MATION	
All participants must read and sign this waiver form in order to participate. By my signature below, I acknowledge that there are inherent risks and dangers associated with recreation programs and therefore, I hold Arbuckle Parks & Recreation District harmless from all claims for injuries, damage, or loss which may result from. I certify that I am in normal health and capable of participating safety. I give consent for emergency medical care prescribed by a medical professional. I understand that I participate at my own risk. I consent to APRD's use of the participant's image and likeness as shown in any photographs, videotapes or electronic images, and any audio recordings made of the participant's voice in whatever way the APRD desires, including print, social media and Internet websites. Furthermore, I consent that such photographs, films, recordings, electronic images shall be the sole property of APRD. I understand that via the registration process I have the option to submit nonconsent for the use of images of myself during online registration or by calling 530-723-2705. By my signature below I am stating that I have read the above waiver. Signature	Health Insurance Company		
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Please make checks payable to: Arbuckle Parks and Recreation District or APRD. Refunds after program begins, are given at the discretion of the program supervisor. There are no make-ups unless something unexpected occurs with the facility or the instructor. Fees: Per Night - \$5 Unlimited for the Month - \$15	are inherent risks and dangers associated with recreation programs narmless from all claims for injuries, damage, or loss which may respect to a safety. I give consent for emergency medical care prespectively at my own risk. I consent to APRD's use of the participal videotapes or electronic images, and any audio recordings made of including print, social media and Internet websites. Furthermore, I compares shall be the sole property of APRD. I understand that via the consent for the use of images of myself during online registration or	s and therefore sult from. I cer scribed by a mant's image an f the participar consent that super registration	re, I hold Arbuckle Parks & Recreation District ertify that I am in normal health and capable of medical professional. I understand that I and likeness as shown in any photographs, ant's voice in whatever way the APRD desires, such photographs, films, recordings, electronic a process I have the option to submit non-
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