VINELAND RECREATION COMMISSION PROGRAM REGISTRATION FORM

	Metho	d of Payment: (check	one)	
(NAME OF SPORT/ACTIVITY)	☐ Cas	h		
	□ Мо	ney Order		
(Year/Season)	□ Che	☐ Check #		
	☐ Oth	ner (special, i.e. hards	hip, etc.)	
(School Attending)	_	-		
Player/Participant's Name		Date of Birth (month/day/year)		
Street Address	City	State	Phone Number	
In consideration of the benefits to me/m provided by the City of Vineland Recreation of activity, related events and activities, the und The risk of injury from the activities invo	Commission and the dersigned acknowle	e acceptance of the apdges, appreciates and	oplication to participate in the above lagrees that:	
and death, and while particular rules, equipmexist, and;	nent and personal c	discipline may reduce	the risk, the risk of serious injury does	
I KNOWINGLY AND FREELY ASSUME ALL NEGLIGENCE OF ALL RELEASES or others, and				
I knowingly and freely assume all risks ar and from the activities, and;	nd hazards incidenta	al to the conduct of th	e activities, as well as transportation to	
I willingly agree to comply with the state unusual significant hazard during my present attention of the nearest official immediately,	ce or participation, I	and conditions for pa will remove myself fr	rticipation. If however, I observe any om participation and bring such to the	
I warrant that participant is in good heal participating in the event, and;	th and has no physic	cal condition that wou	uld prevent participant from	
I, for myself and on behalf of my heirs, as HARMLESS THE CITY OF VINELAND, CITY OF V employees, other participants, sponsoring ag used to conduct the event ("Release's") WITH person or property, WHETHER ARISING FROM	VINELAND RECREAT gencies, sponsors, a HRESPECT TO ANY A	TON COMMISSION, the dvertisers, and if appl AND ALL INJURY, DISA	neir officers, officials, agents and/or icable, owners and lessors of premises BILITY, DEATH, OR loss or damage to	
This is to certify that I, as parent/guardia her release as provided above, all of the Rele indemnify the Release's from any and all liab as provided above, EVEN IF ARISING FROM T	ase's, and, for myse ilities incident to my	lf, my heirs, assigns, a	nd next of kin, I release and agree to	
SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18)			DATE	
PARENT/GUARDIAN PLACE OF BUSINESS	F BUSINESS		EMERGENCY PHONE NUMBER	