

Adaptive Dance Registration

Date: _____

Name _____ Home Phone _____ Date of Birth _____

Address _____ City _____ Zip _____

Parent/Guardian: _____

Day phone : _____ Evening phone: _____ Cell # _____

Emergency contacts: **(that can be reached during event)**

1. _____ Relationship: _____

Cell phone : _____ Evening #: _____ Day # _____

2. _____ Relationship: _____

Cell phone : _____ Evening #: _____ Day # _____

Disability: _____

Medications: _____ Seizures? Yes No

Special Information or medical concerns that staff or emergency personnel should know: _____

Preferred Hospital: _____

Waiver of Liability

I/we hereby release and forever discharge Peoria Unified School District and the City of Peoria, an Arizona municipal corporation, its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants, and employees, and any and all other persons, firms, or corporations who are or might be liable, from any and all claims of any kind or character which I/we have or may have against them due to my participation, or my child's participation, in a City of Peoria recreation program at a Peoria Unified School District facility. This waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of this recreation program. In that regard, I/we covenant to indemnify, defend, and hold harmless to the fullest extent permitted by law the foregoing persons and entities from any loss or damages, including reasonable attorneys' fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them or any of them. I/we understand that medical claims are my/our responsibility. This waiver does not extend to any such claim or liability that is caused by the sole and exclusive intentional acts or gross negligence of Peoria Unified School District and/or the City of Peoria or its officers, employees, or agents. By signing, I authorize the City of Peoria to use and/or disclose certain protected health information (PHI) about me to any state licensing agency.

Please Print Name: _____

Signature: _____ Date: _____

Revised 8/7/09