Morehead City Parks and Recreation Department
Fitness Program Registration Form

Name: _____
Last First Middle Name Preference

Parent's/Guardian's Name For those under 18: _____

Phone Number: Home: _____ Work: _____ Cell: _____

Opt In SMS/Text (program/schedule updates): (Circle) Yes No If yes, Cell Provider: _____

Email Address (registration & schedule updates): _____

Mailing Address: _____

Date of Birth: _____Program: _____

Day(s) & Time(s:_____

Release of Liability, Indemnity Agreement, and Photo Consent

I do hereby and forever discharge the Town of Morehead City, its elected and appointed officials and staff, and participants, instructors, sponsors and administrators of the Morehead City Parks and Recreation Department from any and all actions, claims, and demands for or by reason of any damage, loss or injury which hereafter may be sustained by me or my child in consequence of participation by said person in this program, and will indemnify and save all of the above from such actions, claims and demands.

I hereby acknowledge and agree that the Morehead City Parks and Recreation Department shall not be required to carry any insurance protection for the participants and thereby do agree to provide individual insurance coverage for myself and child.

I have read and fully understand this Release of Liability and Indemnity Agreement and have sufficient time and opportunity to do so as well as to consult anyone of my choice.

I agree that our names and photos of me or my child/children taken before, during or after participation in any activity or program conducted or sponsored by the Morehead City Parks and Recreation Department may be, without our prior review, be copied, released to newspapers, TV or other media (inducing social media), and may be used in Morehead City's printed publications and website. I am the parent/legal guardian of _____ and have authority to give this consent.

Permission is hereby granted for my child or myself _____ to participate in the Morehead City Parks and Recreation Department's program.

_____ _____
Parent/Guardian Signature Participant's Signature

For Office Use Only

Fee: _____ Date Paid: _____
Cash: _____ Received Initials: _____
Check: _____