



# REGISTRATION FORM/LIABILITY WAIVER

As lawful consideration for being permitted to participate in the City of Apple Valley Parks and Recreation Department program(s) listed below, I agree that the City of Apple Valley shall be held harmless and will not be liable for any injury or disability which I or the participant of the program listed below incur as the result of participation in the program, due to the passive or active negligence of the City, its agents or employees. This release of liability of the City of Apple Valley does not include any injuries that I or the participant of the program incur as the result of willful, wanton or intentional misconduct by the City of Apple Valley, its agents or employees. This agreement is specifically binding upon my spouse, heirs and assigns, and the spouses, heirs and assigns of the participant of the program.

Date \_\_\_\_\_ Signature: \_\_\_\_\_

Parents' Names \_\_\_\_\_

Phone (h) \_\_\_\_\_ (mom's work) \_\_\_\_\_ (dad's work) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Participant Name	Sex M/F	Date of Birth	Activity Name	Session/Class	Fee

make checks payable to: "City of Apple Valley" at 7100 West 147th, Apple Valley, Minnesota 55124

Total enclosed \$ \_\_\_\_\_

Special Needs or Requests	<i>office use</i>	Address Book _____	Date _____
		Registered _____	Rec'd _____
	Receipt # _____	Initials _____	Cash/Check # _____
	Date _____	Date _____	Initials _____



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