

**PARTICIPANT INFORMATION**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

DOB (Date of Birth) \_\_\_\_\_ Gender: Male \_\_\_\_\_ / Female \_\_\_\_\_

Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**CONTACT INFORMATION**

Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**ALLERGIES, MEDICATIONS, SPECIAL NEEDS**

**ACKNOWLEDGEMENT:** I am fully aware of certain dangers and risks are inherent in activities offered by the Ellensburg Parks and Recreation Department. In consideration of voluntarily participating in these activities and/or use of city facilities, I hereby assume all risk of physical injury, death, damage, and liability arising from such activities, or use, and hereby release the City of Ellensburg, its officials, employees and agents, and waive any right of recovery I might have to bring a claim or lawsuit against them, or personal injury, death, damage or liability arising out of my voluntary participation in such activities and/or use of city facilities. By submitting this form, I will pay the annual participation fee. The fee helps to fund monthly potlucks, health forums, movies, and special events. I will contact the Adult Activity Center Coordinator if I cannot pay the fee. I understand the fee is payable at the facility located at 506 S. Pine Street, Ellensburg, WA, that the Center is open most week days (Monday-Friday) between the hours of 8:00 AM and 4:00 PM, and the fee may be paid in cash or by check payable to the Adult Activity Center.

	<p><b>I agree that photographs taken of me participating during such activities may be used for promotional purposes, which includes Parks and Recreation Brochure and Adult Activity Center Facebook page *</b></p> <p>_____ <b>Yes</b> _____ <b>No</b></p>
<p>Signature _____ Date _____</p>	