



2023

Registration and Release Form

Participant information

Name: _____ D.O.B (mm/dd/yyyy): _____
Street Address: _____ Mailing Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Home #: _____ Work #: _____ Cell #: _____

Class Information

Class Title: _____ Registration Fee: \$ _____

Consent and Liability Waiver

The undersigned does hereby release and discharge La Pine Park and Recreation District (LPRD), it's employees, including independent contractors, agents, officers, and directors for any and all claims, demands, causes of action, damage, loss of services, costs and expenses in any way resulting from any and all injury to person or property arising directly or indirectly out of the student's participation in the above activity, including any negligence on the part of LPRD, it's employees or agents.

Further, the undersigned agrees to indemnify and hold forever harmless LPRD, it's employees, including independent contractors, agents, officers, and directors from any and all injuries, damages, costs, attorney's fees whatsoever which may arise out of the student's participation in the above activity, including any negligence on the part of LPRD, it's employees or agents.

The undersigned further consents and authorizes the representatives if LPRD on the undersigned's behalf to obtain any necessary medical treatments or hospitalization or such other care necessary for the health and welfare of the named student, and the undersigned agrees to be responsible for and pay the costs of such medical treatment or hospitalization. This release of liability and indemnification agreement shall be binding on the heirs, successors and personal representatives of the student and undersigned.

I have read the foregoing release of liability and the indemnification agreement and acknowledge that the provisions are contractual and not a mere recital, and I understand I am bound by the terms hereof by placing my signature hereon.

Media Release

I hereby authorize LPRD to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions). Further, I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by LPRD (I understand that I may be identifiable from such photographic or electronic reproduction). I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. Initial here if you do not agree to this _____

Refunds and Cancellations

If LPRD cancels a class you will receive a full refund. If you need to cancel, notify our staff at least one week in advance to be eligible for a full refund.

Signature: _____ Date: _____

(Checks can be written to LPRD. To pay over the phone call the office 541-536-2223)

For Office Use

Date Paid: _____ Amount: \$ _____ Cash Card/Online Check # _____

Receipt #: _____ Received by: _____