

Whitesboro Parks & Recreation Department (PARC)

Swim Lessons Registration

SESSION _____ LEVEL _____ TIME _____ AGE OF PARTICIPANT _____

LAST NAME

FIRST NAME

M. I.

MAILING ADDRESS/CITY/STATE/ZIP

PHONE NUMBERS

In and for the consideration of the benefits to be gained by my participating in activities offered by the Parks and Recreation Department in Whitesboro, Texas, whether on or off City property under control by the City of Whitesboro, its employees, or others who are assisting, responsible for any damages or personal injuries that I may receive as a result of such participation in the program, and I do hereby release the City of Whitesboro, its officers, and employees from any and all liability for damages and injuries. I do hereby fully and freely consent to the use of the participant's photograph for promotional purposes on both printed materials and websites. I do hereby release and hold harmless the City of Whitesboro from any liability arising out of said participation in a publication, advertisement, and/or promotion.

PARTICIPANT'S SIGNATURE OR
LEGAL GUARDIAN IF UNDER 18

DATE