



CITY OF ORTING
PARKS & RECREATION DEPARTMENT

110 TRAIN ST SE, PO BOX 489, ORTING WA 98360
Phone: (360) 893-2219 Ext. 120 ● FAX: (360) 893-6809
www.cityoforting.org

ACTIVITY REGISTRATION FORM

Activity Participating in: ZUMBATOMIC WITH BROOKE (Kids Zumba)

PARTICIPANT'S NAME: _____ AGE _____ M _____ F _____

Parent/Guardian Name (if under 18): _____

Mailing Address: _____ City _____ Zip _____

Phone: _____ Email: _____

Please list any and all people who will be allowed to sign out your child after class (please include parents):

Names: (1) _____ (2) _____

(3) _____ (4) _____

(5) _____ (6) _____

**PLEASE READ AND SIGN ALL APPLICABLE RELEASES, UNSIGNED RELEASES WILL
CONSTITUTE AN INCOMPLETE APPLICATION**

A. I understand that the above activity is or may be dangerous and do or may involve risk if injury, loss, loss or damage. I further acknowledge that such risks may include but not be limited to bodily injury, personal injury, sickness, disease, death, and property loss or damage, arising from the following circumstances among others.

Participant [and Parent/legal guarding if applicable] initials here ____/____

B. By signing this RELEASE AND INDEMNIFICATION AGREEMENT, I hereby expressly assume all such risks of injury, loss, or damage to me or to any related third party arising out of or in any way related to the activity listed above, whether or not caused by the act, omission, negligence, or other fault of the City of Orting, its officers, its employees, its volunteers, or by any other cause.

Participant [and Parent/legal guarding if applicable] initials here ____/____

C. By signing this RELEASE AND INDEMNIFICATION AGREEMENT, I further hereby exempt, release, and discharge the City of Orting, its officers, and its employees, its volunteers, from any and all claims, demands, and actions for such injury, loss, or damage, arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of the City of Orting, its officers, its employees, its volunteers, or by any other cause. I agree that photographs taken of me during such activities may be used for promotional purposes.

Participant [and Parent/legal guarding if applicable] initials here ____/____

D. Parent/Guardian Medical Consent (to be signed if participant is under age 18):

As the parent or legal guardian, I authorize Orting Parks and Recreation Department staff to render first aid to the above-named minor child in the event of injury. Also, I authorize a licensed medical professional to examine this minor child and, in the event of injury, to render such care as he or she deems necessary for the treatment of such injury. I further authorize the Orting Parks and Recreation Department to send this child to the hospital or licensed medical professional most accessible in the event of an injury or accident.

Participant [and Parent/legal guarding if applicable] initials here ____/____

PARTICIPANT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Participant Signature is required if age is 12 or older