



Bowling Green Parks & Recreation Department Pass & Activity Registration Form



1245 West Newton Road, Bowling Green, Ohio 43402
Phone: (419) 354-6223 Fax (419) 353-6535 Email: bgparks@bgo.ohio.org

Last Name of Family: _____ Parents/Guardians First Names: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address (necessary for online registrations): _____

Home Phone: _____ Work Phone: _____ Ext. _____ Cell Phone: _____

Emergency Contact Person: _____ Relationship: _____ Phone #: _____

Family Member Names	Date of Birth	Relationship	Community Center/Pool/Combo Individual or Family	Type of Pass (Resident, Non-Res, Corp)	Price
PASSES					

*Please date and initial any changes or additional programs you sign up for after the original signature Total Fee: _____

Family Member Names	Date of Birth	Name of Activity OR League Night & Level	Session Number OR Team	Grade in school	T-Shirt Size	Price
ACTIVITIES						

*Please date and initial any changes or additional programs you sign up for after the original signature Total Fee: _____

****Note: All League participants living outside Bowling Green City limits are required to pay a non-resident fee per Calendar Year (Jan. – Dec.)**

Are there any medical or other concerns we should know about you/your child? _____

Are special accommodations needed for you/your child to participate in the programming? _____

Refund Policy

- A. If a registrant withdraws before a program begins, a Credit will be issued for full cost.
- B. If a registrant withdraws due to illness or injury after a program begins but prior to completion of half of the scheduled activity, a Credit will be issued for full cost.
- C. If a registrant withdraws prior to completion of half of the scheduled activity because of dissatisfaction, a Credit or full refund (less \$5 processing fee) will be issued.

**ATHLETIC OR RECREATIONAL ACTIVITIES
ASSUMPTION OF RISK AND INSURANCE CERTIFICATION**

Recreational activities and athletic programs may involve substantial risks of bodily injury, property damage, and other dangers associated with participation in such activities. Dangers related to such activities include but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack, and heat exhaustion.

Each participant in these activities should realize that there are risks and dangers inherent in them, and also in the training, participation for, and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which he/she has the prerequisite skills, qualifications, preparations, and training. In the case of a minor, their legal guardian is responsible for ensuring their safe participation in athletic or recreational activities.

The undersigned acknowledges that the City of Bowling Green does not warrant or guarantee in any respect the competency or mental or physical condition of any individual participant in any athletic or recreational activity. All participants in voluntary recreational activities and athletic programs, or their legal guardians, will be required to sign the attached Release, Waiver of Liability and Covenant not to Sue form.

I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation, or that of my legal minor, in such voluntary athletic or recreational activities. In this regard, I certify that I am covered by a 24-hour health and accident insurance policy and/or my minor participant is covered by a health and accident policy.

I have received a copy of this Notice, which I have read and understand. I accept and assume all risks, hazards, and dangers involved in such activities in which I, or my minor, may elect to participate including the training, preparation for and travel to and from the site of such activities.

RELEASE, WAIVER OF LIABILITY AND COVENANT NOT TO SUE

The undersigned hereby acknowledges that participation in athletic programs and recreational activities involves an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of the City of Bowling Green allowing the undersigned, or their minor, to participate in voluntary recreational programs or athletic activities in connection therewith, making available to the undersigned, or their minor, for his/her use while participating in such programs or activities, certain equipment, facilities, grounds, or personnel of the Municipality, the undersigned participant, and their minor, do hereby waive liability, release and forever discharge the City of Bowling Green, its Employees, Agents and Officials, its demands, rights and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my voluntary participation in, or in any way connected with, such recreational programs and athletic activities.

I further covenant and agree that for the consideration stated above I will not sue the City of Bowling Green, its Employees, Agents, or Officials for any claim for damages arising or growing out of my, or my minor's, voluntary participation in recreational programs or athletic activities.

I understand that the acceptance of this Release, Waiver of Liability and Covenant not to Sue the City of Bowling Green, its Council members or any agent or employee thereof, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Municipality, its Council agents, and employees.

Further, I understand that this Release, Waiver of Liability and Covenant not to Sue shall be effective during the entire period of my, and my minor's, membership or enrollment in programs and services conducted by the City of Bowling Green Department of Parks and Recreation.

I have received a copy of this document and I certify that I am (or my minor participant is) _____ years of age and suffering under no legal disabilities that would preclude safe participation in the activity (ies) and that I have read the above carefully before signing.

I verify the signature below is my own and the information listed above is correct. I have read, understand and signed the **ASSUMPTION OF RISK AND INSURANCE CERTIFICATION** and the **RELEASE, WAIVER OF LIABILITY AND COVENANT NOT TO SUE**, which are mandatory to participate in Parks and Recreation Dept. programs and activities.

Signature

Date

CONSENT AND RELEASE ON BEHALF OF A MINOR

I verify that I am the parent and/or legal guardian of the above named minor and give my consent to the participation in the activity of the minor. I also verify that I have read, understand and signed the assumption of risk and insurance certification and the release, waiver and covenant not to sue.

Signature of Parent/Legal Guardian

Date

Office Use Only Please:

Date Form Received: _____ In Person Mail Fax On-line

Original Fee Amount: _____ Date Paid: _____ Staff Initial: _____

Fee: Cash: _____ Check #: _____ Credit Card _____ Exp Date: _____ Credit on Account: _____ Gift Certificate: _____

Proof of Residency/School: Rent: _____ Phone: _____ Utility: _____ Other: _____ Staff Initial: _____

Receipt #: _____ Date: _____ Staff Initial: _____