

DAYCARE PASS REGISTRATION FORM

Breckenridge Family Aquatic Center – 2019

\$165 (ABSOLUTELY NO REFUNDS OR EXCHANGES)

Name of Daycare: _____

Provider's Name: _____

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

Home Phone: _____ Cell Phone: _____

Email: _____

Names: _____ (provider's name from above) **(Maximum of 15 Children)**

- | | | |
|-----|-------|------------|
| 1. | _____ | Age: _____ |
| 2. | _____ | Age: _____ |
| 3. | _____ | Age: _____ |
| 4. | _____ | Age: _____ |
| 5. | _____ | Age: _____ |
| 6. | _____ | Age: _____ |
| 7. | _____ | Age: _____ |
| 8. | _____ | Age: _____ |
| 9. | _____ | Age: _____ |
| 10. | _____ | Age: _____ |
| 11. | _____ | Age: _____ |
| 12. | _____ | Age: _____ |
| 13. | _____ | Age: _____ |
| 14. | _____ | Age: _____ |
| 15. | _____ | Age: _____ |

I have read reverse side of form for rules of Breckenridge Family Aquatic Center and I will follow the rules set for safety of myself and others.

Signature _____ Date _____

For Office Use Only:

Paid \$165: Check # _____ Cash _____ Credit Card _____

Date Received: _____

City of Breckenridge
Breckenridge Family Aquatic Center

Waiver and Release

Please read carefully before signing.

1. I wish to participate in **Breckenridge Family Aquatic Center** activities sponsored by the City of Breckenridge during the **summer of 2019**.
2. My participation in the Activities is voluntary. I acknowledge that participating in the Activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I assume any and all risks, both known and unknown, while participating in the Activities, including acknowledging that children have a responsibility to act within the limits of his or her ability, to heed all warnings regarding participation in the recreational activities, to maintain control over his or her person and to refrain from acting in any manner that may cause or contribute to death or injury for himself or herself or to the other persons.
3. To the best of my knowledge I have no physical or medical conditions that would prevent me from participating in the Activities.
4. In consideration of being allowed to participate in the Activities, I understand and agree that neither the City or any person acting on behalf of the City, may be held liable in any way for any event which occurs in connection with the Activities which may result in harm, death, injury or other damage to me. This waiver of liability does not waive liability for any injuries that I obtain as the result of willful, wanton or intentional misconduct by the City or any person acting on behalf of the City.
5. I agree to defend, indemnify and hold harmless the City for any expense or liability the City may incur as a result of my conduct, actions or omissions while participating in the Activities.
6. I agree to comply with all rules related to the Activities. If I observe any unusual or significant hazard during my participation in the Activities, I will stop participating and immediately notify the nearest official.
7. It is my express intent that this Waiver and Release shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am deceased.
8. I have read the above and understand the legal significance of signing this document.

Name (Please Print)

Cell Phone Number

Street Address

City, State, Zip

Signature

Date

NOTICE: Participants under eighteen (18) years of age must have this waiver and release co-signed by their parent or legal guardian.

I certify that I am the parent or legal guardian of the above individual and hereby consent to his or her participation in the Activities. I have read and understand the above waiver and release of liability and I agree to be bound by the terms stated therein.

Parent/Guardian Signature

Date