## RECREATION PROGRAM/PASS REGISTRATION



## **City of Newport**

Parks and Recreation

Adult/Guardian Name			
Home Address			
Mailing Address			
(if different)			
City	_ State	Zip	
Home Phone		-	
Work Phone			
E-mail			

PARKS & RECREATION	225 SE Avery St. Newport, OR 97365 (541) 265-7783	City Home Phone Work Phone E-mail			
		PROGRAM/PASS  to support youth pro			
<u>-</u>		ies			
Emergency Contact: _				EIVED BY:	
Phone #:	Relations	hip	DATE	D:	
CASH	CHECKV	VISA/MC			

Please note: A Pass Extension Request Form must be submitted for review for any pass extension request, and only one pass extension per year will be granted. Requests for an extension due to medical reasons must be accompanied by a doctor's verification. Vacations will not be considered for pass extensions and passes cannot be "put on hold" or temporarily suspended. A minimum four week extension and approval by the Recreation Superintendent or Aquatic Supervisor is required for all pass extensions. There will be no pass extensions given on 1-month and 3-month passes.

By initialing this you are indicating that you have read and understand our pass extension policy. \_

PLEASE READ, SIGN, AND DATE LIABILITY RELEASE AGREEMENT ON REVERSE SIDE.

The Newport Parks and Recreation Department does not discriminate against any individual on the basis of that individual's age, race, sex, creed, color, national origin, or handicap.

Our mailing address is: 169 SW Coast Highway, Newport, OR 97365

## **Liability Release**

I, the undersigned, in consideration of the City of Newport, and City of Newport Urban Renewal District making available to me its Recreation Center, including access to its programs, facilities, and equipment, do hereby waive, release and hold harmless the City of Newport, the Common Council of the City of Newport, the City of Newport Parks and Recreation Department, the City of Newport Urban Renewal District, the City of Newport Development Commission, and the officers, agents and employees of the aforementioned entities, from and against any and all liability arising out of or in connection with my use of the Recreation Center, its facilities, classes, programs and /or equipment thereon.

I understand that the City of Newport and the City of Newport Urban Renewal District do not provide medical insurance for any person participating in any class or program upon the Recreation Center premises, or using its facilities and equipment, and that unless I have maintained my own medical insurance which covers activities at the Recreation Center, I will not be covered by any medical insurance.

I understand further that although the Recreation Center has programs, classes, facilities and equipment available for my use, that no supervision will be provided to adults or minors. I also understand that although the Recreation Center staff may provide general orientation as to the use of the Recreation Center facilities, and equipment, that the use of same, remains at my sole risk that I expressly assume.

By my signature, I declare and represent that I have had an adequate opportunity to examine the Recreation Center premises, classes, programs, facilities and equipment, and to make inquiry of staff concerning appropriate use of same. I also understand that the Recreation Center staff conducts no medical examination or inquiry concerning my physical or mental condition and that it is solely up to me, in consultation with my physician or other advisor, as to whether or not use of the Recreation Center facilities, classes, programs and/or equipment is suitable for me.

Upon this understanding and in consideration of the City of Newport and City of Newport Urban Renewal District making available to me its Recreation Center, including its classes, programs, facilities and equipment, I hereby waive, release and hold harmless the City of Newport, the Common Council of the City of Newport, the City of Newport Parks and Recreation Department, the City of Newport Urban Renewal District, the City of Newport Development Commission, and the officers, agents, and employees of the aforementioned entities, from and against any and all liability arising out of connection with my use of the Recreation Center, its facilities, classes, programs and/or equipment located thereon.

Participant Signature	Printed Name	Date	
	Date		