

## Participant Registration Form

Return Form: Activities Center, 400 Indian Trail, Harker Heights, TX 76548

☐ New Participant ☐ Current Participant, since			_ (year) Gender:				
Name: (First)		(Last)					
Birthdate:	Age:	T-shirt Size: S	M	L	XL	XXL	XXXL
Address:							
City:		Zip Code:					
Home Phone:		Cell Phone:					
E-mail:							
Emergency Contact Person: (N							
Phone #:							
Preferred Hospital:							

## CITY OF HARKER HEIGHTS LIABILITY WAIVER

I understand that the activities offered by the Harker Heights Parks and Recreation Department may involve strenuous physical activity which can result in property damage, bodily injury or death to myself or my child(ren) or ward(s). I understand and agree that the City of Harker Heights, the Parks and Recreation Department, and their respective agents, employees, officers, directors, and instructors (the City) are not undertaking responsibility to oversee these activities or to guarantee that such activities are free from risk of injury, loss or damage to either persons or property.

In consideration of the City's furnishing services, equipment and/or facilities, I hereby expressly assume all risk of loss, injury or death for myself and my child(ren) and ward(s) who participates in or attends the Parks and Recreation Department programs. On behalf of myself, my child(ren), my ward(s), our heirs, assigns, and personal representatives, I agree to release, relieve, indemnify, and hold harmless the City against any and all claims, demands, damages, judgments, costs and expenses, including reasonable attorney's fees for the defense of such claims and demands arising as a direct or indirect result of the use of City facilities, or participation in or attendance at Parks and Recreation Department activities, by myself, my child(ren), or my ward(s). In case of any such claim, I agree to defend the action or proceeding by counsel acceptable to the City. I am aware that this is a release of liability which is intended to be legally binding. I have read it, I understand it, and I sign it of my own free will.

## **CODE OF CONDUCT**

Date: \_\_\_\_

The Harker Heights Parks and Recreation Department strives to create an atmosphere of respect, courtesy, and fun. Appropriate behavior and treatment of others is expected of all department employees, patrons, and participants. Physical, mental, verbal, or emotional abuse will not be tolerated by anyone visiting a facility or participating in an activity sponsored by the department. Any person acting inappropriately or disrespectfully may be subject to a revocation of the privilege of using department facilities or participating in department activities or programs for a period of time (including a permanent ban) as determined by staff based on circumstances of a specific incident. Thank you for your cooperation and for making the Harker Heights Parks and Recreation Department facilities a safe and enjoyable place to play!

## ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by COVID-19 by attending the HHPRD program, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the HHPRD program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, HHPRD employees, instructors, volunteers, and program participant and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my or my child(ren)s attendance at the HHPRD program. On my behalf, and on behalf of my child(ren)s, I hereby release, covenant not to sue, discharge, and hold harmless HHPRD, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of HHPRD, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any HHPRD program.

When the term HHPRD is used herein it includes the City of Harker Heights.

When the term HHPRD program is used herein it includes HHPRD event or activity.

articipant's Name: (Print)
articipant's Signature:

REV. 4.19.2021