



**Department of Parks
Recreation & Aquatics
City of Brillion**

*Waiver Form
Revised 8/3/04*



Participant's Last Name: _____ First: _____

Parent's Name(s): _____

Birthdate: ____/____/____ Age: ____ Grade: ____ Phone #: _____

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

T-Shirt Size: 10-12 14-16 Adult Sm. Adult Med. Adult Lg. Adult XL

School: _____ Parent Volunteer Coach? ____YES ____NO

Any Medical Conditions: _____

Emergency Contact if parents are unavailable: _____

Emergency Contact's phone number: _____

If an emergency situation arises, and the BCC Staff cannot contact the participant's parent(s) or their emergency contact, is the BCC staff allowed to seek authorized personnel to perform professional treatment for your child. **YES** _____ **NO** _____

If "NO" please fill out a detailed description of treatment you wish for your child on the back of this form.

Every participant or parent/guardian of participants (under 18) must read and sign this waiver form. Signatures on this form signify that you have read, understand, and abide by the information herein. I understand that participation in any activities offered by the Brillion Community Center/City of Brillion are VOLUNTARY and that there are risks associated with participating in these event and its related activities. I hereby authorize and give my full consent to the City of Brillion/Brillion Community Center to copyright and/or publish any and all photographs, videotapes and/or film in which my family (children and/or spouse) or I may appear while attending city-sponsored events. I further agree that city may transfer, use or cause to use, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, internet websites, art and advertising purposes, and television programs without limitations or reservations. I and my family also release, waive, discharge and covenant not to sue the Brillion Community Center, the City of Brillion, its employees, representatives, referees, land owners, or agents, and, I hereby agree to indemnify, defend and hold the Brillion Community Center and the City of Brillion harmless, for and from any and all actual or threatened causes of action, claims, damages, losses and/or costs, including reasonable attorney fees, of any kind or nature, including, but not limited to, lost profits, direct, indirect, incidental, consequential, special or punitive damages arising out of or relating to my, my child's, my spouse's or my family's participation in any activity or event offered by the City of Brillion/Brillion Community Center. I agree that this waiver form will stand as a valid agreement for all activities that I or my family participates in for the next 12 months from today's date. I have read and understand the terms of this waiver form and I voluntarily sign it.

Participant or parent/guardian of participant (under 18): _____ **Date:** _____

Program	Class Codes	Date	Amount Paid	Receipt Number	Parent's Signature