

Registration Form
(Please print clearly)

Last Name _____ First Name _____

EMAIL (optional) _____ @ _____

Which email newsletter would you like to receive? Sports _____ Rock _____ Events _____ General _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth ____/____/____

Emergency Contact _____ Telephone _____

How did you hear about us?

Friend _____ Work _____ Corp Event _____ Drive By _____ Other _____

Acknowledgement and Assumption of Risks, and Release of Claims

I understand the program offered through City Beach will take place in a dynamic environment and may include, but is not limited to, the following potentially hazardous indoor and outdoor activities: sports, initiative activities, games and events, high/low ropes courses, bouldering, and rock climbing. The inherent risks of these activities include the following: personal injury, property damage, illness or death. I understand that City Beach does not require that I participate in the program.

In recognition of the potentially hazardous nature of the program, I, or my child, my heirs and assigns, hereby release the professional staff and employees of City Beach Inc, and its agents, promoters, other participants, operators, officials, and person(s) in any event area, sponsors, advertisers, owners and lessees of the premises used to conduct the event, from all claims of negligence arising from participation in the program. I further agree to hold harmless and indemnify the professional staff and employees of City Beach, and its agents for all defense costs, including attorney fees, and any other costs resulting in connection with my participation in this program. I also understand that this release relates to all claims and liability resulting from unforeseen hazards.

I have read this entire "acknowledgement and assumption of risk and release claims" and fully understand the contents. My signature indicates that I have satisfied my questions and concerns.

I hereby grant City Beach to take photographs, video recordings, and/or sound recordings of me during my visit. I grant the company permission to use the negatives, prints, motion pictures, video tapings, or any other reproduction of the same for promotional purposes on flyers, on the World Wide Web, or in any other manner deemed necessary.

I understand that this release is a contract. I expressly state that I have read, understand and am familiar with all its provisions and that I sign it of my own free will; _____ (Initial)

Participant's Signature _____ Participant's Printed Name _____

TO BE READ AND SIGNED BY PARENT/GUARDIAN OF MINOR

I hereby state that I am the parent or guardian of the minor whose signature appears above. I am familiar with this consent and agree to the term and provisions set forth in this release.

Signature of Parent/Guardian _____ Date _____