Registration Form

Participant Information Participant Name: Hopewell Resident: Y / N Street Address: ____ City/State: Zip Code: Cell Phone: Home Phone: Gender: M / F _____ Current HCC Member: Y / N Email Address: T-Shirt Size: YS YM YL S M L XL XXL Date of Birth: ____ Age: **Program Information** Program Name Date Location Fee Total Kids Fun Run Grade Level (2015-2016 School Year: Elementary School: **Payment Information** Please check box if same as above (Payer must be age 18+) Payer Name: Phone: Address: Method of Payment: Cash Check Card Payment Amount: **Emergency Contact Information** Emergency Contact Name: Emegency Contact Phone: _____ Relationship: Supplemental Information Does the participant have a disability or an allergy that requires special care? Y / N If yes, please explain: Indemnity Statement and Liability Waiver I agree to indemnify and hold harmless the City of Hopewell, its officers, employees and agents from and against any, and all, claims and liabilities for injury to persons or property which may be suffered by anyone as a result of, or in any way connected with participation in any activity, program or the use of any city facility. I agree that the waiver of liability and the hold harmless provisions of this application shall be effective to absolve the City of Hopewell and its officers, agents and employees from liability to the maximum extent permitted by Virginia law. If any provision of this application is held void or of no effect by a court of competent jurisdiction, the remainder shall be effective to the extent permitted under Virginia law. Photos and Video: The City of Hopewell Recreation and Parks Department reserves the right to use any photo or video taken of any person participating in a department-sponsored program or event for future publication. Signature (Parent or legal guardian must sign for participants under 18)

Date



Hopewell Recreation and Parks 100 W. City Point Road Hopewell, Virginia 23860 (804) 541-2353