



EUREKA PARKS & RECREATION DEPARTMENT Inflatable Obstacle Course/Bounce House Registration Form

Parent / Adult Name: _____ Participant's Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Age: _____ Birth Date: _____

E-mail Address: _____ Gender: Male / Female

Emergency Contact: _____ Relationship: _____ Phone Number: _____

By registering to participate in these recreation programs, each participant realizes the inherent risks involved in the program and understands the nature of these risks. The City of Eureka does not provide coverage for any damages or injuries caused by participation in these programs. The City of Eureka provides no medical insurance. Accordingly, I hereby release the City of Eureka, together with its directors, officers, employees, volunteers, and agents from all liability, claims, demands, losses, or damages arising from participation in the program/event; and I further agree that if, despite this release and waiver of liability agreement I, my family, or anyone on behalf of myself, makes a claim released in this agreement, my family will indemnify and hold harmless each entity and person released herein from any and all litigation expenses, attorney fees, loss, liability, damage, or cost they may incur as the result of such claim. Please sign below in compliance with this policy. My signature on this form further gives my permission to the City of Eureka to take photographs/video of me and my family, if applicable, at this event and to use these images for future promotions and/or in the organization's publications and web media.

Signature of Parent / Guardian: _____ Date: _____



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