



BISMARCK PARKS AND RECREATION DISTRICT
Est. 1927

BISMARCK PARKS AND RECREATION DISTRICT REGISTRATION FORM AND WAIVER AND RELEASE OF CLAIMS

400 East Front Avenue, Bismarck, ND 58504

Please read this form carefully and be aware that in registering yourself or your child/ward for participation in the below program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the below program(s).

I recognize and acknowledge that there are certain risks of physical injury and/or death to participant in the below program(s) and, I agree to assume the full risk of any such injuries, death, damages, or loss regardless of severity which I or my child/ward may sustain as a result of involvement with the below program(s). Further, I hereby waive and relinquish all claims that I, my insurer, or my child/ward may have against the Park District and its officers, servants, and employees from any and all claims for injuries, damages, or loss which I or my child/ward may have or which may accrue to me or my child/ward in relation to his/her involvement with the below program(s), regardless whether the activities involved are supervised or unsupervised. I also agree to hold the Park District harmless for any injuries, death, or damages sustained in relation to my child/ward's involvement with the below program(s). Nothing in this release shall be intended to release the Park District from responsibility of fraud or willful injury to person or property, nor for any violation of law. This release is intended to and releases only claims for negligence and/or non-willful or non-criminal claims. **I HAVE READ AND FULLY UNDERSTAND THE ABOVE AGREEMENT OUTLINING MY ASSUMPTION OF RISK AND WAIVER AND RELEASE OF ALL CLAIMS.**

Participant or Parent/Guardian Signature _____ Date _____

PLEASE INDICATE LEVEL/CODE# FOR CLASS DESIRED.

Code #	Activity	Fee	Cash / Check #	/ Credit Card
Participant's Name (First, MI, Last)				
Street Address		City	State	Zip
Date of Birth (Youth)	Grade (2008-09)	Age	Sex (M/F)	Phone (H)
			Phone (W)	Ask For
E-mail Address (if available)			Location of Activity (if known)	
Does the participant have any special limitations of which we should be aware?				



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