



**Program  
Registration Form**

Participant's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_

Primary Adult Contact (If Participant Under 18): \_\_\_\_\_

Leland Resident?      Yes       No

Address (Mailing): \_\_\_\_\_

Primary Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Program/Activity: \_\_\_\_\_ Start Date \_\_\_\_\_

Program/Activity Fee: \_\_\_\_\_

Method of Payment:    Cash       Check       Credit Card       N/A

**LIABILITY/PHOTO WAIVER**

In consideration of the acceptance of my application for entry into the above program/activity/event (event), I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the Town of Leland as a result of my participation in the event. This release is intended to discharge the Town of Leland, its agents and employees, and any other involved municipalities or public entities from and against any and all liability arising out of or connected in any way with my participation in the event, even though that liability may arise out of the negligence or carelessness on the part of persons or entities mentioned above. I further understand that accidents and injuries can arise out of the event; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or entities mentioned above to assume those risks and to release and to hold harmless all of the persons or entities mentioned who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. The Department of Parks, Recreation and Environmental Programs reserves the right to photograph facilities, activities and program participants for potential future use. All photos remain the property of the Town of Leland and may be used for art projects, good behavior recognition, and occasional publicity and promotional purposes. My signature releases the Town of Leland from any and all liability and/or obligation to me and/or my child(ren) for the use of such documentation.

\_\_\_\_\_

\_\_\_\_\_

**Participant Signature (If under 18, parent or guardian) REQUIRED**

**Date**

**REFUND POLICY**

Please make your selections carefully. Failure to attend a program is not grounds for a refund. If you are not satisfied with a program you have attended, please contact the program supervisor or our office. Refunds will be granted ONLY if requested in writing. A written request must be received in our office 24 hours prior to the second class meeting. A full refund will be given if the class or activity is cancelled by the Town.

**Initial Here to Verify You Have Read this Policy:** \_\_\_\_\_