

**City of Dickson, Tennessee, Parks and Recreation Department
Participant Registration Form**

City of Dickson Resident	Name	Home Phone	Sex: M F	Adult	Minor
Dickson County Resident Only	Address	City	Age	Birth Date	

Registration Information

Activity _____

Location _____

League
Activity _____

This Section Completed by Office Personnel

Fee Paid _____ Date _____

Received by _____

Participant Waiver

In consideration of your accepting my (or my child's) entry into this program, and the benefits received, I hereby, for myself (or for my child) waive and release any and all rights, causes of action, claims for damages or injuries. I or my child may have against the City of Dickson or the Parks and Recreation Department, their agents, employees, successors, or assigns for any and all injuries or other special circumstances suffered by me (or my child) at any activity sponsored by this group, or while participating, in this sports program.

I also agree, for myself (and my child), to hold harmless from any and all claims for injuries or damages including reasonable attorney's fees which the City of Dickson or the Parks and Recreation their agents, employees, successors, or assigns may suffer or incur as the result of my (or my child's) participation in this activity.

Signature _____

All persons under 18 yrs. old must have parental signature.

Parent(s) _____

Money refunded only In the event that an activity is cancelled.