



401 N. Morton St., Ste. 250, City Hall  
 Hours: Monday–Friday, 8 a.m.–5 p.m.  
 Phone: 812-349-3700

## PROGRAM REGISTRATION FORM

**Name** \_\_\_\_\_  
 (parent/guardian if participant is under 18 or under legal guardianship)

**Home Phone** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_

**City of Bloomington Resident?** Yes No  
 (If you are unsure of your residency status, please call 812-349-3700)

**E-mail Address** \_\_\_\_\_

**How did you hear of this program?** Program Guide Social Media Newspaper Flier Friend Email Website Previous Participant Other \_\_\_\_\_

Participant Name	Gender	Birthdate	Shirt Size	Program Name	Class Code	Fee

**Inclusive Service Request:**  
 Reasonable accommodations are needed to participate in above program(s) related to specific needs associated with a disability. (circle one)  
**YES NO**  
 If **YES**, please complete an Inclusion Assessment and the Inclusive Recreation Coordinator will contact you. We request at least two weeks notification for reasonable accommodations requests. *In some cases reasonable accommodations may take longer.*

**Include Your Voluntary Donation to the Bloomington Parks & Recreation Department**

Community Garden Fund \$1 \_\_\_\_\_  
 Bloomington Tree Fund \$3 \_\_\_\_\_  
 Greatest need \$5 \_\_\_\_\_  
 Other \$ \_\_\_\_\_

**Parks and Recreation Program Waiver Statement**  
 The undersigned is the adult program participant, or is the parent or legal guardian of the program participant. The undersigned hereby states that s/he understands the activities that will take place in this program, and that the program participant is physically and mentally able to participate in this program. The undersigned recognizes, as with any activity, there is risk of injury. In the event that the program participant sustains an injury in the course of the program, and the Bloomington Parks and Recreation Department is unable to contact the appropriate person(s) to obtain consent for treatment, the Department and/or its employees or volunteers are authorized to take reasonable steps to obtain appropriate medical treatment. The program participant and/or his/her parent or legal guardian shall be responsible for the cost of such treatment. The undersigned now releases the City of Bloomington, the Bloomington Parks and Recreation Department, its employees, agents, and assigns, from any claims including, but not limited to, personal injuries or damage to property caused by or having any relation to this activity. It is understood that the release applies to any present or future injuries and that it binds the undersigned, undersigned's spouse, heirs, executors and administrators. The Program Participant may be photographed and videotaped while participating in Parks and Recreation activities and while attending Parks and Recreation events, and consent is given for the reproduction of such photos or videos for advertising and publicity.

**Total Enclosed** \$ \_\_\_\_\_

**Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**  
 The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is highly contagious and is believed to spread mainly from person-to-person contact. Bloomington Parks and Recreation Department has put in place preventative measures to reduce the spread of COVID-19; however, the Department cannot guarantee that the program participant, or the program participant's household members will not become infected with COVID-19. Further, attending the program could increase the risk of the program participant, or the program participant's household members of contracting COVID-19.

By signing this agreement, the undersigned acknowledges the contagious nature of COVID-19 and voluntarily assumes the risk that the program participant, or other members of the program participant's household may be exposed to or infected by COVID-19 as a result of attending the program and that such exposure or infection may result in personal injury, illness, permanent disability, and death. The undersigned also acknowledges and understands that all of the risks of COVID-19 are not known and that the risk of becoming exposed to or infected by COVID-19 at the program may result from the actions, omissions, or negligence of the program participant and others, including, but not limited to, Bloomington Parks and Recreation employees, volunteers, and other program participants and their families. The undersigned voluntarily agrees to assume all of the foregoing risks, known and unknown, and accept sole responsibility for any injury or loss to the program participant, and other members of the program participant's household. The undersigned hereby waives, releases, discharges, and agrees to hold harmless, indemnify, and not sue Bloomington Parks and Recreation Department, its employees, agents, officers, directors, affiliates, members, volunteers, and representatives (collectively, "Releasees"), of and from any and all claims, liabilities, actions, damages, costs or expenses of any kind arising out of or relating thereto. The undersigned further agrees that this release includes any Claims based on the actions, omissions, or negligence of the Releasees, whether such claim arises before, during, or after participation in any Parks and Recreation program.

I have read and understand all of the foregoing terms. I agree with the terms and sign voluntarily.

**Method of Payment:**  
 Cash (do not mail cash)     Check/Money Order

**Make check or money order payable to:**  
**City of Bloomington Parks and Recreation**

**Mail registrations to:**  
**City of Bloomington Parks and Recreation**  
**401 N. Morton Street, Ste. 250, Bloomington IN 47404**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Name of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Child**

