Franklin Parks and Recreation Department
Registration Form

Last Name	First Name	Home Phone
Parents Name	Address	Work Phone (Parents)
Program	Age	Grade

SHIRT SIZE: ☐ Youth ☐ Adult ☐ Small ☐ Medium ☐ Large

The Parks & Recreation Department encourages registrants to carefully consider their schedule prior to registration. **No fee will be refunded after the programs begin.** This policy will be strictly enforced. If a program is canceled by the department, you will be notified and the full fee will be refunded.

Please Read Carefully:

In consideration for participation in any Franklin Parks & Recreation Department Program, I hereby release, waive and discharge the City of Franklin, the Franklin Parks and Recreation Department, any subdivision thereof and their agents, representatives and employees from all liability for any and all loss of damage and claims or demands on account of injury to the person or property, or resulting in the death of the named participant whether caused by the negligence of the City of Franklin, the Franklin Parks and Recreation Department, their agents, representatives or employees or any other entity, regardless of whether liability is sole, joint or several. I further covenant not to sue on behalf of myself or the injured party the City or Franklin, its Parks and Recreation Department, its agents, representatives or employees as a result of any such injury listed above or any injury which results from participation in any program of the City.

I specifically acknowledge that I am aware that participation in a City program presents the opportunity for strain or injury to my child's body and I represent to the City and department that to the best of my knowledge he/she is in good physical condition. I further assume all risk of participating in such programs. I further recognize that the City of Franklin nor its Parks and Recreation Department can provide transportation for all programs. I understand that volunteer drivers may be used for travel and hereby release, waive and discharge any such driver for all liability and loss to the same extent as if said transportation were provided by the City of Franklin. I further give permission for the child participant as listed above to be treated by medical personnel selected by the City of Franklin on an emergency basis and further agree to assume full financial responsibility for such actions being taken on my child's/ward's behalf. Further more I give permission for the child to be photographed for the city of Franklin programs and promotions.

I have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance and legal consequences. I execute this release on the date indicated below.

Parent's Signature	Date

Total Fee	Total Fee	Total Fee	Total Fee
Payment	Payment	Payment	Payment
Cash/Check #	Cash/Check #	Cash/Check #	Cash/Check #
Subtotal	Subtotal	Subtotal	Subtotal