



HOUSEHOLD INFORMATION

PLEASE PRINT

Name:			Gender:		
Address:		City:	St:	Zip:	
Cell:		Home Phone:			
Email:					
Emergency Contact:			Phone:		

PARTICIPANTS FIRST NAME	PARTICIPANTS LAST NAME	DOB	CLASS NAME	CLASS CODE	SECTION	FEE	START DATE

I would like to make a donation to the Wee Folks Scholarship Fund! Amount: \$

PARTICIPANT WAIVER/RELEASE AND AUTHORIZATION AGREEMENT

1. In consideration of my (and/or my child's) being permitted to participate in this activity or these activities, I hereby waive, release and discharge the City of Lawrence, Kansas ("City"), its commissioners, officers, employees, agents or representatives, and successors or assigns, from any and all liability, claims, actions, damages, costs, liabilities, settlements, judgments, costs, expenses, lawsuits, or attorney fees, arising from any accident, injury, illness or damage to personal property incurred while or resulting from participating in the activity or activities.

2. In the event of a medical emergency or perceived emergency while participating in this activity or these activities, I authorize the City, through its officers, employees, agents or representatives, to contact emergency medical services and seek treatment for me or the participant for whom I sign this document as parent or guardian, including from any hospital, physician, or medical provider. I further agree to accept financial responsibility for all treatment received and services rendered as a result.

3. If any damage to City facilities or equipment occurs as a result of misuse by me or the participant on whose behalf I sign this document as parent or guardian, I agree to accept financial responsibility for any repairs or replacements needed, at the City's sole discretion.

4. I authorize the City to use or publish, for marketing or publicity purposes, whether in print or by electronic means, any photographs or recordings taken of me or the participant on whose behalf I sign this document as parent or guardian, while participating in the activity or activities.

I HAVE READ AND UNDERSTAND THE WAIVER, REGISTRATION, AND REFUND POLICIES

Printed Name of Participant: _____	Printed Name of Person Signing: _____ <i>(if different from participant)</i>
Signature: _____	Relationship to Participant: _____ <i>(if signer is not participant)</i>