



Participant Information (Please Print Legibly)

First Name: _____ Last Name: _____ DOB: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Other Phone(s): _____

Email Address: _____ Male: Female:

City of Greensboro Resident

Guilford County Resident

Non-Guilford County Resident

City of Greensboro Waiver

Release and Indemnity Agreement: I understand that participating in the class(es) or program(s) selected involves risk of injury. These risks include inclement weather, accidents while traveling, equipment problems or failures, contacts with actions of other participants, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks. By signing the registration form, I acknowledge all risks of injury, illness and death and affirm that I have assumed all responsibility of injury, illness or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures for the program and to follow reasonable instructions of the teachers and supervisors of the program. In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors and administrators to release, acquit, waive and forever discharge any legal rights I may have to seek payment or relief of any kind from the City of Greensboro, its officers, employees, agents or its volunteers for injury, illness, death or property loss resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may request on behalf of the child participant in the program. I also agree not to sue the City, its officers, employees or agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness or death to me or my child resulting from participation in the program. Permission is given for any emergency medical treatment which might become necessary and I agree to be responsible for the expense of medical treatment or service.

Image Release: I, the undersigned, hereby consent to allow the exclusive use of, and relinquish all rights to, photographs, recordings and reproductions in any manner (including but not limited to the use of photos, video and audiotapes) of the likeness, voice, and/or activities of the participant and further authorize the City of Greensboro, its agents or assigns, to make unlimited use of such reproductions, including but not limited to print and/or electronically, broadcasting of the reproduction over radio, television, and on the internet with or without your name for any lawful purpose. I acknowledge that no compensation will be provided for such use by the City. I understand that this Release shall remain in effect unless a subsequent written notification is provided to the City.

I do not give photo permission.

Non-Discrimination Policy: It is the policy of the City that the City will not discriminate on the basis of sex, race, gender, color, ethnicity, national origin, age, familial status, marital status, military status, political affiliation, religion, physical or mental disability, genetic information, sexual orientation, gender expression, or gender identity in authorizing or making available the use of city facilities or in the delivery of city programs, services or activities.

The City of Greensboro recommends that all participants complete an annual physical and consult a health care professional to assess their ability to participate in athletic program(s).

Medical Information: Please provide applicable information for any medical conditions that we should be aware of (allergies, special concerns, medications, etc.). _____

COVID-19 Waiver and Release of Liability

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in a City of Greensboro Parks and Recreation program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- The risks of injury and illness (communicable diseases such as MRSA, influenza, and COVID-19) from the activities involved in this program are significant, potentially life-threatening, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.
- I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
- I acknowledge that I am aware that there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof, or other communicable disease.
- In consideration of having the opportunity to participate at location, and in acknowledging that I am aware of and willing to assume the risks associated with this activity, I hereby voluntarily agree to waive, hold harmless and indemnify the City of Greensboro and its agents, volunteers and employees from any and all claims, demands, damages and causes of action of any nature whatsoever which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my participation in the above activities. I indicate my agreement to this hold harmless elective noted below.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releases and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's/ward's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Accessibility Accommodation Request: The City of Greensboro Parks & Recreation Department welcomes the participation of all individuals, including those with disabilities or special needs, and is committed to complying with the ADA by providing reasonable accommodations to facilitate participation in our programs. To ensure that reasonable accommodations are in place, accommodation requests should be received at the time of registration. If you require assistance for participation in our programs or use of our facilities, please call 336-373-2626.

Would you like to request an accommodation? Yes _____ No If, yes, please specify the type of accommodation. _____

Signature (please write legibly) (Of participant is over 18 OR parent/guardian if participant is under 18) _____ Date _____

Name: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____

Phone: _____

Email: _____

TRANSPORTATION REGISTRATION: *Selected programs offer transportation for individuals who live within City limits, based on space available. For programs with an *, transportation is not provided.*

- 1. Would you like to sign up for transportation? Yes No
- 2. Do you utilize a wheelchair? Yes No

I have read and will adhere to the Program and Transportation Policies listed in the AIR Newsletter:

► Signature: _____ Date: _____

PROGRAM REGISTRATION: *Please check the box for each event that you will attend.*

TUESDAYS		TOTAL FEES	SPECIAL EVENTS / DAY TRIPS									
<input checked="" type="checkbox"/>	Tues. Bowling \$2 per game	PAY AT TRIAD LANES	<input checked="" type="checkbox"/>	EVENT	EVENT FEE	TRANS FEE	TOTAL FEES	<input checked="" type="checkbox"/>	EVENT	EVENT FEE	TRANS FEE	TOTAL FEES
FRIDAYS			<input type="checkbox"/>	Harbor Inn**	Free	Free	Free	<input type="checkbox"/>	Reed Gold Mine/ Lunch**	\$10	\$10	
<input type="checkbox"/>	Chair Fitness	Free	<input type="checkbox"/>	Wicked Crisps Tour/ Lunch**	Free	Free	Free	<input type="checkbox"/>	Craft/Lunch** at Sportsplex	\$5	Free	
SATURDAYS			<input type="checkbox"/>	Bingo at Greensboro Sportsplex	\$5	Free		<input type="checkbox"/>	Southpoint/ Lunch**	Free	\$5	
<input type="checkbox"/>	*Bowling	\$15	<input type="checkbox"/>	Fishing/Kayaking/ Bagged Lunch	Free	Free	Free	<input type="checkbox"/>	Painted Grape/ Lunch**	\$15	Free	
OTHER PROGRAMS			<input type="checkbox"/>	Archery/Lunch** at Sportsplex	Free	Free	Free	<input type="checkbox"/>	Holiday Party at Trotter Rec Center	\$15	Free	
<input type="checkbox"/>	*Challenger Flag Football	Free	<input type="checkbox"/>	Carolina Classic Fair**	Free	\$5		<input type="checkbox"/>	Shopper's Day at Four Seasons	Free	Free	Free
<input type="checkbox"/>	*Challenger Cheer	Free	<input type="checkbox"/>	Hawk's Pumpkin Patch/Lunch**	\$5	\$5		<input type="checkbox"/>	Holiday Lights/ Dinner**	\$10	Free	
<input type="checkbox"/>	*PGA H.O.P.E.	Free	<input type="checkbox"/>	Fall Dance at Lindley Rec Center	Free	Free	Free	GRAND TOTAL (ALL FEES)			\$	

* Transportation is not provided

** Meals at your own expense

Notice: PRE-REGISTRATION IS REQUIRED FOR ALL PROGRAMS.

Some programs and special events have limited spaces. Registration and transportation is on a "first come, first served" basis. Registration opens Monday, August 19 at 9 am.

Some of AIR's programs listed in the newsletter are suggested for certain age groups and disability classifications. However, we will make reasonable accommodations for any individual who desires to participate in a program. The City of Greensboro shares the goals of the Americans with Disabilities Act, which protects qualified individuals with disabilities from discrimination on the basis of disabilities and provides for equality of opportunity in the services, programs, and activities of the City.

Use one form per person. Make checks payable to "City of Greensboro". MAIL OR BRING YOUR REGISTRATION FORM & FEE TO ADAPTIVE & INCLUSIVE RECREATION AT 2400 16TH STREET, GREENSBORO, NC 27405. YOU CAN REGISTER ONLINE AT WWW.GREENSBORO-NC.GOV/AIR.