

	City of Beien Parks, and Recr	eation Department	Payment (Recreation Dept. Only)
			Amount:
	Volunteer Head Coad	ch:	Cash/Check/Card
WITE OF NEW MEX	Assistant Coach:		Receipt#
Refund Request Policy: I have	e received a copy of the policy: YI	ES NO	Employee:
Sport:	Youth/Te	en/Adult	
			Birthdate:
Age of participant on Deceml	oer 31, Grade:	School	ol:
Coach/Team request:		Draft	
Shirt size: (order a shirt size la	arge enough for 1 year of use, *S	hirts are not exchangea	ble)
Youth Sizes: Small (6-8), Med	lium (10-12), Large (14-16)	Adult Sizes: Small, M	edium, Large, XLarge, XXLarge
Sport:	Youth/Te	en/Adult	
			Birthdate:
	per 31, Grade:		
Coach/Team request:			
Shirt size: (order a shirt size la	arge enough for 1 year of use, *S	hirts are not exchangea	ble)
Youth Sizes: Small (6-8), Med	lium (10-12), Large (14-16)	Adult Sizes: Small, M	edium, Large, XLarge, XXLarge
Sport:	Youth/Te	en/Adult	
Participants Name:			Birthdate:
Age of participant on Deceml	oer 31, Grade:	School	ol:
Coach/Team request:		Draft	
Shirt size: (order a shirt size la	arge enough for 1 year of use, *S	hirts are not exchangea	ble)
Youth Sizes: Small (6-8), Med	lium (10-12), Large (14-16)	Adult Sizes: Small, M	edium, Large, XLarge, XXLarge
1st Parent/Guardian Informa	tion: Name:	Relat	ion:
Address:		Cell:	
Email: (print clearly)			
2 nd Parent/Guardian Informa	tion: Name:	Rela	tion:
Address:		Cell	:
Email: (print clearly)			
Emergency Contact:			
Name:	Relation:		Cell:
Name:	Relation:		Cell:

Release of Liability

Release, Waiver, and Assumption of Risk

As the parent/legal guardian of the registered participant in the listed activity or event, I am fully aware of and understand the potential risk involved with my child's participation in a physical activity. I hereby agree to assume all risk of injury, damage to persons or property, or both resulting from my child's participation in this activity or event and the City of Belen facilities. I do hereby fully release and discharge the city of Belen, its officers, agents/employees, volunteers, sponsors and organizers from any and all liabilities for injury, including death, damages or loss that my child may have or incur as a participant in the listed activity or event, and further agree to indemnify and hold harmless the City of Belen, its officers, agents, employees, volunteers, sponsors and all organizers from and against any and all liability suffered by my child as a result of, or in any way connected to my child's participation in the listed event. This Release, Waiver, and Assumption of Risk shall be binding upon my heirs and dependents.

I have read and understood the foregoing release:	
Participants Name(s):	
In witness whereof, I have executed this release on (date):	
Parent/Guardian Name/Participant (Print):	-
Parent/Guardian/Participant Signature:	_ Date:
Digital Media Release	
I, the undersigned, do hereby consent and agree that The Belen Community Center and the City of or agents have the right to take photograph, videotape, or digital recordings of me or any individual that I am legally responsible for and use these in any and all media exclusively for the purpose of ad Belen Community Center and its associated events. I further consent that my name and identity may or by descriptive text or commentary. I do hereby release to The Belen Community Center and the Gagents, and employees all rights to exhibit their work in print and electronic from publicly or private copies. I waive any right, claims, or interest I may have to control the use of my identity or likeness is used. I understand that there will be no financial or other remuneration for recording me, either for transmission or playback. I also understand that The Belen Community Center and the City of Belen for any expense or liability incurred as a result of my participation in this recording, including medicany sickness or injury incurred as a result of my participation. I represent that I am at least 18 years understood the foregoing statement, and am competent to execute this agreement.	Is under the age of 18 Ivertising for the by be revealed therein City of Belen, its ely and to market sell in whatever median initial or subsequent are not responsible all expenses due to
I have read and understood the foregoing release:	
Participants Name(s):	
In witness whereof, I have executed this release on (date):	
Parent/Guardian Name/Participant (Print):	_
Parent/Guardian/Participant Signature:	Date: