## Freedom Day's Party In The Park Skateboard Competition

Thursday, July 4, 2019

## **Registration and Waiver Form**

	Age:	(as of today)	
First Name:		Last Name:	
Address:			
Phone Number:		Email:	
Emergency Contac	ct:	Number:	
event(s) below, I her discharge the City of successors and assi arising from an injury participation in this p Staff to administer fin in the event my child payment of these da	eby for myself, per Farmington, any a gns, from all action which may be suf rogram. I also auth st aid, arrange for becomes ill or inju- mages or medical	on's permitting the participes on all representative and and all sponsoring organizes and claims for damages fered by my child arising chorize City of Farmingtonemergency medical treatmed during program activities expenses is my responsibles and videos and waive	heirs, release and rations, their agents, s, cost and expenses out of his/her Recreation Programment or transportation ties. I understand oility. Furthermore, I
Participant Signat	ure:	Date:	
Parent/Guardian S	Signature:	Date	e: