

# ACTIVITY REGISTRATION FORM

**Town of Basin** 209 South 4<sup>th</sup> Street, Basin, WY 82410 (307) 568-3331

PLEASE FILL OUT AND RETURN BY **May 20<sup>th</sup>** Drop OFF @ **LIE** or **Town of Basin**

Any questions, you may contact Tara, Activities Director, 307-250-9755. [tara.owen@bgh4.k12.wy.us](mailto:tara.owen@bgh4.k12.wy.us)

Participants Name \_\_\_\_\_ Grade (begin of next school year) \_\_\_\_\_

Parents Full Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency # \_\_\_\_\_ Email Address \_\_\_\_\_

Activity	Participants Name (First/Last)	D.O.B.	M/F	
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

**FEE (\$10 per participant per class)**

**TOTAL NUMBER OF CLASSES:** \_\_\_\_\_ x \$10= \_\_\_\_\_

**(\$100 per person) All Access PASS FEE:** \$ \_\_\_\_\_

**(\$250 All Family and All Activities PASS:** \$ \_\_\_\_\_

**TOTAL FEES:** \$ \_\_\_\_\_

**\*\*No refunds will be given after 1st day of class\*\***

**\*\*Are there any special needs our staff needs to be aware of with your participant:** \_\_\_\_\_

**PLEASE READ AND SIGN THE WAIVER, RELEASE AND INDEMNITY AGREEMENT BELOW**

By signing below, I acknowledge and represent that I HAVE READ THIS AGREEMENT CAREFULLY, I FULLY UNDERSTAND ITS CONTENTS AND I VOLUNTARILY AGREE TO ITS TERMS. No oral representations, statements or inducements, apart from this written agreement, have been made. If any portion of this agreement is declared invalid by a court, the remainder shall continue in full force and effect. Where this agreement is signed by a parent or legal guardian on behalf of a minor, the use of the word "me" in this agreement shall include and bind the minor, and the use of the word "I" in this agreement shall include the parent or legal guardian acting on behalf of and binding the minor to this agreement. IF 18 YEARS OF AGE OR OLDER: I declare under the penalty of perjury under the laws of the State of Wyoming that I am eighteen (18) years of age or older and am fully competent to sign this agreement. IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, by signing below, I declare under the penalty of perjury under the laws of the State of Wyoming that I am the parent/legal guardian for the minor participant herein and am authorized to sign this agreement on their behalf. In exchange for participating in this activity I hereby agree on behalf of myself and my spouse, parents, children, family, employees, agents, heirs, estate, executors, representatives, administrators, insurers, successors and assigns, distributees, guardians and/or other legal representatives (collectively the "Released Parties") to fully release and to not make any claim against, file a lawsuit against, attach the property of, or prosecute the City of Basin (the City) and/or Big Horn County School District #4 (the "School") and/or the Basin Recreation District (the "District") and/or either of their employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on its/their behalf for any and all claims, causes of action, including, but not limited to, emotional distress, bodily injury, death, or property damage arising out of any actions by any City or District employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on the City's and/or the District's behalf in connection with my participation in this activity.

I understand that this activity involves the risk of serious injury and even death, and I agree to assume any and all risk of serious injury or death in participating in the activity. In case of accident or other emergency, personnel of the City or District and/or their agents, are hereby authorized to secure medical care deemed necessary by them, as a result of that accident or injury, for me at my cost and expense. I further agree to indemnify and defend the City and/or the District and/or the School and/or both of their employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on its/their behalf and to pay for any and all costs incurred (including, but not limited to, medical treatment, pain and suffering, emotional distress, any settlement paid or judgment, legal costs and/or attorneys fees) as a result of any injury that I cause to another participant. I further consent to the use of activity/event photography and/or video taping of me and the display of those pictures of me for promotional use, including on the City's Internet site.

<p>_____</p> <p><b>Signature</b></p>	<p>_____</p> <p><b>Date</b></p>
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MAKE CHECK(S) OR MONEY ORDER  
PAYABLE TO:  
**BASIN RECREATION DISTRICT 4**



I UNDERSTAND THIS RELEASE SHALL BE EFFECTIVE EVEN IF THE LOSS, DAMAGE OR INJURY WAS NOT FORESEEABLE OR RESULTS, IN WHOLE OR IN PART, FROM THE NEGLIGENCE OF THE CITY, DISTRICT AND/OR ANY OF THE ABOVE PERSONS.

<p>FOR OFFICE USE ONLY CASH CHECK # _____</p>
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