

WALKING CLUB REGISTRATION FORM

Date: _____

Name: _____

Address: _____

Home

Phone: _____ **Work:** _____ **Cell:** _____

Date of Birth: _____ **Age:** _____

Emergency Contact: _____

Home Phone: _____ **Cell:** _____

Relationship: _____

Medical Problems: _____

In consideration for the City of Miami Springs' Parks and Recreation Department Walking Club

I, _____, do hereby:

- 1) Assume all risk of possible damage or injury through the use of facility
- 2) Agree to compensate the City of Miami Springs for any repair and/or replacement costs for damages to the facility or equipment as a result of my misuse of equipment.
- 3) Agree to indemnify and hold harmless the City of Miami Springs and/ or its departments, agents or employees from any liability arising out of my participation in the City of Miami Springs Walking Club.

Signature: _____ **Date:** _____

Parks & Recreation Official: _____ **Date:** _____