

Please check appropriate boxes:

- I.H.B. Resident
- Non-Resident
- Individual Membership
- Family Membership
- Senior Citizens (age 60+)

Date: _____ Receipt #: _____ Card #: _____

Name: _____ Spouse's Name _____

Home Address: _____ City: _____ Zip: _____

Phone: _____ Business Phone: _____

Emergency contact name & number: _____

Physician's Name: _____ Physician's Phone: _____

Children's Names: _____ Age: _____ Age: _____

_____ Age: _____ Age: _____

_____ Age: _____ Age: _____

Please list here any special medical considerations that should be known (allergies, disabilities, etc.)

** ALL CHILDREN UNDER THE AGE OF 10 YEARS ATTENDING THE INDIAN HARBOUR BEACH SWIMMING POOL MUST BE ACCOMPANIED BY AN ADULT. CHILDREN UNDER 6 YEARS MUST BE ACCOMPANIED BY AN ADULT IN THE WATER AT ALL TIMES.

ACCIDENT RELEASE AND FINANCIAL RESPONSIBILITY WAIVER

I am aware of the recreation, health, and fitness programs provided by the City of Indian Harbour Beach, Community Services Department, and understand the inherent dangers involved with my/our participation in these programs and the danger involved in transportation to and from these programs, including the risk of accidental death and/or personal injury, or damage to myself and to those for whom I am responsible, and/or my property while participating in such programs. I further understand and acknowledge that participants in such programs are not covered under insurance of the city, and that the city would not allow my participation in such programs absent my signing this release. I therefore freely and voluntarily execute this release and with such knowledge, assume all the risks involved.

I authorize and grant permission to the representatives of the City of Indian Harbour Beach Community Services Department to obtain medical care from any licensed physician or hospital and/or medical clinic should I or those for whom I am responsible, become ill or injured while participating in recreation activities away from home, or at other times when neither parent nor guardian is available to grant authorization for emergency treatment.

I hereby release and forever discharge the City of Indian Harbour Beach, the City of Indian Harbour Beach's Community Services Department, its employees, and any and all agents of the department from any liability, claim, cause of action, demand or damages for injury, death or damages of any kind to me or to those for whom I am responsible, or my property as a result of my/our participation in the recreation, health and/or fitness programs of the City of Indian Harbour Beach. I further waive, release, absolve and agree to indemnify and hold the city harmless, as a result of my/our participation in any recreational, health and/or fitness program sponsored by the City of Indian Harbour Beach.

Participant's Signature: _____ Date: _____