

Individual Information

Waiver and Release:

Please PRINT!

| | | |
|---|---|---|
| First Name | Middle Initial | Last Name |
| Status in Family: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt | | |
| | | <input type="checkbox"/> Male |
| | | <input type="checkbox"/> Female |
| Date of Birth | Age | <input type="checkbox"/> Resident |
| <input type="checkbox"/> Non-Resident | | |
| Address (Street, City, State, Zip Code) | | |
| () | () | () |
| Daytime Phone Number | Evening Phone Number | Cell Phone Number |
| <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell |

E-Mail Address I want to receive e-mails from City regarding important information & upcoming events.

It is expressly agreed that all use of the City of Independence's property, equipment and services, and participation in, or a spectator to, any programs conducted within or on the property of the City of Independence, and any transportation provided by the City of Independence shall be undertaken by me, or my child, or my legal ward at my/his/her sole risk, and the City of Independence shall not be liable for any bodily injuries or any loss or damage to my/our/their person or property, or to be subject to any claim, demand, injury or damages whatsoever, including, without any limitation, those injuries and/or damages resulting from acts of active or passive negligence on the part of the City of Independence, its employees or agents. I, for myself and on behalf of my children, my executors, administrators, legal wards, heirs, assigns and successors, do hereby expressly forever release and discharge the City of Independence, its employees, officials, agents, assigns and/or successors from all such claims, demands, injuries, damages, actions or causes of actions whatsoever. It is agreed that I have read and understand all policies and regulations associated with my use of any City property or equipment or participation in any City program, and agree to abide by all policies thereof. Violations of any City policy or regulation may result in revocation of this pass. **Please sign below to acknowledge that you have read and understand this Waiver and Release of Claims.**

Signature: _____ Date: _____

Emergency Contact Information:

Please PRINT!

I hereby authorize the City of Independence and/or its employees to obtain medical treatment for me if deemed necessary by the City of Independence and/or its employee. I give permission to the medical, dental or emergency room staff at the facility chosen by the City of Independence or its employees to render any emergency medical, surgical or dental treatment necessary. I understand that any cost incurred for such emergency treatment shall be my sole responsibility. Although reasonable effort shall be made to contact those persons named on this form prior to rendering treatment, none of the above treatment will be withheld if persons cannot be contacted. In the event of any emergency, I understand that I may be transported to the nearest emergency facility.

| | | |
|---|---|---|
| Contact First Name | Contact Last Name | Relationship to Individual: <input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____ |
| () | () | () |
| Daytime Phone Number | Evening Phone Number | Cell Phone Number |
| <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | |

City Residency Verification:

Fill in ONLY if you are a resident of Independence!

I, _____, hereby affirm and verify that I am presently a resident of the City of Independence. I understand that my Membership at the Independence Civic Center is conditioned upon my maintaining my residency in the City of Independence. I further understand that if I ever cease being a resident of the City of Independence, my Civic Center pass is immediately null and void, and I will not receive any refund of any fees. Agreed and acknowledged this _____ day of _____, 20_____.

Signature: _____

FOR OFFICE USE ONLY:

PLEASE PRINT!

Date Received: _____ Date Entered: _____ Staff Name: _____