



**City of Lewisville Parks & Recreation Department  
Fall 2017 Home School Natural Science classes  
Participant Registration & Release of Liability**

**Primary Household Guardian (ADULT) Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ Apt # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home # \_\_\_\_\_ Work/Cell # \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 2<sup>nd</sup> Emergency Contact \_\_\_\_\_ Emergency # \_\_\_\_\_

**Participant Information (use more than one form if needed)**

First Name	Last Name	Date of Birth	M/F (gender)	Class Dates	Age Group
				Home School Natural Science	
				Circle all that apply:	
				Sept. 21    Oct. 5	
				Oct. 19    Nov. 2	

*Please return completed forms and payment by check or money order to **City of Lewisville-PARD, PO Box 299002, Lewisville, TX 75029**. The fee is **\$12/class/child, or \$40/child for all 4 classes. REGISTRATION DEADLINE: 9/15/2017**. Payment may also be made by credit card at 972.219.3550, but not until forms have been submitted by mail or by email (kcooper@cityoflewisville.com).*

**Release of Liability**

I hereby release, waive, discharge and covenant not to sue, and agree to hold harmless for any and all purposes, the City of Lewisville, Texas, its officers, employees, successors, assigns, sponsors and volunteers (collectively “the City”) from any and all liabilities, loss, claims, demands, costs (including court costs and attorney’s fees), personal injury (including death), or property damage that may be sustained by me while participating in any City of Lewisville Parks & Recreation Dept. (PARD) program or activity, and I choose to voluntarily participate with full knowledge that said participation may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, which may be sustained by me as a result of participating, including injuries sustained as a result of the negligence of the City. Failure to accept and agree with this release of liability will result in your inability to participate in a City of Lewisville PARD program or activity.

I hereby give my permission to use my photographic or video image and pre-approved quotes on the Lewisville PARD website, the LLELA web site or Facebook page, Recreation Center Publications, the Recreation Centers, or to promote Lewisville PARD or the City of Lewisville.

I have read and understand the above and hereby agree to it.

\_\_\_\_\_  
 (Parent’s or Guardian’s Signature if a minor under the age of 18)

\_\_\_\_\_  
 Date



**LEWISVILLE**  
 Deep Roots. Broad Wings. Bright Future.