

**Town of Holden Beach Recreation Department
Participant Registration Form**

Please Print*

Current Date _____

Last Name: _____ First Name: _____

Middle Name: _____ Birth Date: _____

Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone _____ Email Address: _____

Medical Information:

Allergies: _____

Illness and/or Medical Conditions: _____

Medications Presently Taking: _____

Special Needs: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Doctor: _____ Clinic Phone: _____

I do hereby release the Town of Holden Beach, their staff, sponsors, and representative from any and all liability, and for any claims, demands or courses of action arising out of or by reason of the above activity for which I have registered.

I further state and affirm that I am aware of the fact that the aforesaid activity, even under the safest conditions possible, may be hazardous, that I assume the risk of any and all loss of damage to property and/or bodily injury, including death, however caused, resulting from, arising out of, or in any way connected with the aforementioned activity.

I recognize that the fitness program/classes will involve a strenuous exercise program designed to improve my physical fitness. I represent that I am physically able to participate in this activity and have been advised by staff to consult with my physician prior to participating in this activity. I hereby agree to hold harmless the Town of Holden Beach, its instructors, agents and representative from and against any and all claims and liability and causes if action at law for loss, damage, or injury (including death) to person and/or property arising or occurring as a result of participating in the aforementioned activity. Information provided on this form may be released to EMS in case of an emergency situation. By signing below I understand all of the above stated information as well as give my permission to the Town of Holden Beach to use my photographs or likeness, or that of my minor child, for use in any promotional materials including but not limited to newspaper, website, and bulletin boards.

Signature: _____ Date: _____