

Benson Parks & Recreation Department
National Community Park Celebration Event
Registration & Liability Information

Name: _____ DOB _____

Address: _____

City: _____ State: _____ Zip: _____

Parent's Name: _____

Father's Phone: _____ Work Phone _____

Mother's Phone: _____ Work Phone _____

Emergency Contact: _____ Phone _____

Day Care Attended: _____

Allergies your child may have? _____

Are there activities in which your child cannot participate? _____

LIABILITY WAIVER

As a parent of the above named child, I understand that in recreational activities there are incidents of accidents and injury. I voluntarily allow my child to participate in these activities. I have read this agreement and understand its content. I release and agree to hold harmless the Benson Parks & Recreation Department, the Town of Benson, and its agents from any claims arising out of injury to my child.

Signature _____ Date _____