

2020 Adult Program Yearly Trip Registration Form

Raleigh Resident Non-resident Add \$15 to course. Non-resident fees do not apply to courses less than \$15

Participant #1 _____

Last Name _____ First Name _____ DOB ____ / ____ / ____ Male Female

I want Parks, Recreation and Cultural Resources to know about these medical conditions for this participant: _____

_____ I request ADA accommodation for the disability/medical condition listed. Yes No

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ *Email _____

Emergency Contact Name _____ Phone _____

The City of Raleigh Parks, Recreation and Cultural Resources Department welcomes the participation of all individuals, including those with disabilities or special needs. We are committed to compliance with the ADA and will provide reasonable accommodations to facilitate participation in our programs. To ensure that reasonable accommodations are in place, program registration or accommodation request should be received at least two weeks prior to the start date of the program. For more information please contact Inclusion Services 919.996.2147

Pictures or video may be taken of participant for use in program publicity. Please check, if you do not approve

Registration Receipt: (for mail-in) I would like my receipt (please check one) emailed (valid email address required) printed/mailed

* By providing my email address I agree to receive email communication from Raleigh Parks, Recreation and Cultural Resources.

Registration

Participant #2 _____

Last Name _____ First Name _____ DOB ____ / ____ / ____ Male Female

I want Parks, Recreation and Cultural Resources to know about these medical conditions for this participant: _____

_____ I request ADA accommodation for the disability/medical condition listed. Yes No

Cell Phone _____ *Email _____

Non-Discrimination Policy

The policy of the City of Raleigh is, and shall be, to oppose any discrimination based on actual or perceived age, mental or physical disability, sex, religion, race, color, sexual orientation, gender identity or expression, familial or marital status, economic status, veteran status or national origin in any aspect of modern life. A participant alleging discrimination on the basis of any of the aforementioned areas may file a complaint with either the Director of Raleigh Parks, Recreation and Cultural Resources Department or the Office of Equal Opportunity, U.S. Department of the Interior, Washington, D.C. 20240

Release, Indemnity, and Agreement Not to Sue

I understand that participating in the recreational program selected involves risk of injury or illness. These risks include, but are not limited to, inclement weather, accidents while traveling, food related illness, equipment problems or failures, contact with and actions of other participants, spectators, and volunteers, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks.

By signing the Program Registration form, I acknowledge all risks of injury, illness, death, and property damage, and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participation in the program. I also agree not to sue the City, its employees, or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program.

By signing below, I acknowledge that I have read, understand, and agree to the City of Raleigh policies listed on this form.

**Signature is required to complete the registration process.*

By signing below, I acknowledge that this Release, Indemnity, and Agreement Not to Sue covers all 2020 Adult Program Trips and it is my responsibility to ensure any changes to my personal account and medical/dietary needs are updated.

Participant Signature _____ Date _____

Participant Signature _____ Date _____

Return by mail to: Walnut Terrace Center Adult Program
1256 McCauley Street, Suite 126
Raleigh NC 27601

Walk-In: Anne Gordon Center 1901 Spring Forest Road
Five Points Center 2000 Noble Road
Walnut Terrace Center 1256 McCauley Street,
Suite 126