



CITY OF
MARATHON, FLORIDA
PARKS & RECREATION DEPARTMENT

200 36th Street, Marathon, FL 33050

Phone (305)743-6598 Fax (305) 289-5888 www.ci.marathon.fl.us

BASKETBALL CLINIC 2020

Name: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Gender: _____ Birth Date: ____/____/____

Phone: _____ Work Phone: _____

E-Mail Address: _____

Emergency Contact Name: _____ Phone: _____

Sports Fee: Amount paid: \$ _____ Cash _____ Check# _____

Collected by: _____ Date: _____

Program cost is \$40. You can either fax it back or take the completed form to the MHS gym on dates the program meets.

RELEASE AND WAIVER

I, the undersigned parent or legal guardian of the minor, whose name appears above, consent and agree that the above named minor may participate in the above-described activity .The undersigned further agrees that the City of Marathon [the “City”] and its office, agents and employees will not be held liable for injuries or other loss sustained by the minor which occur as a result of the above-named minor’s participation in the above-described activity.

Therefore, the undersigned parent/guardian, specifically WAIVE ANY CLAIM against the City and its offices, agents and employees for any loss, injury or damage sustained by the above named minor that arises out of participation in the above described activity. Further, the undersigned parent/guardian agrees to RELEASE and hold harmless the City and its offices, agents and employees from any and all claim, actions, demands, rights, judgments and expenses arising from or by reason of any and all known damage, claims or actions arising from the above-named minor’s participation in the above-described activity.

This WAIVER and RELEASE shall continue notwithstanding any negligence or comparative negligence on the part of the City relating to such loss, injury or damage.

I, the undersigned parent/guardian, hereby give permission for the City and its offices, agents and employees to call my physician and/or to arrange for transportation to a hospital in the event of any injury. Although I understand that the City and its offices, agents and employees assume no responsibility by doing so, I undersigned parent/guardian, also agree that this Waiver and Release form shall be binding on my heirs, successors and assign.

By signing below, the undersigned parent/guardian acknowledges that [he/she] has fully read, understood and agrees to each and every term contained in this Waiver and Release.

 PARENT/GUARDIAN (Print)

 SIGNATURE OF PARENT/GUARDIAN DATE