Wake County Parks, Recreation and Open Space

Public Program Registration Form

ADVANCE REGISTRATION IS REQUIRED FOR ALL PROGRAMS.

Park Location: _____

Completely fill out, print & sign this form, then mail or drop off the form & payment at the park where the program(s) takes place.

Participant(s) First Name _____ Last Name _____

Gender _____ Date of Birth (xx/xx/xxxx) _____ Parent Name (if participant is under 18) _____

Names & Birthdates of Participating Family _____

Residential Address: Street _____

_____

City _____ State _____ Zip Code _____

Phone (Home) _____ Phone (Mobile) _____ Phone (Work) _____

Email Address _____ Role in Family _____

Emergency Contact _____ Relation _____ Emerg. Phone No. _____

I would like to be added to the e-Newsletter for this park—please respond with "YES", "NO" or "I'm already on it". _____

How did you find out about these programs? _____

PROGRAM TITLE	DATE	TIME	FEE

PAYMENT *(staff use only)*

Checks should be made out to:
"Wake County Parks"

Cash $_____

Check $_____ Check #_____ Date_____

WAIVER: I, for myself or as a parent or guardian, hereby assume all of the risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I release, absolve and indemnify Wake County, employees of the County, volunteers, contractors and/or sponsors from all risks and hazards associated with the activities and in the event of an injury, do expressly waive all claims against them. I understand that no insurance coverage is provided by Wake County Parks, Recreation and Open Space. *I further release all copyrights for photos taken during said programs that may or may not have myself or my child(ren) published in future educational or promotional materials. All attempts will be made to contact individuals prior to releasing any names either in print or otherwise.*

REFUND POLICY: Class fees are 100% refundable when the class is cancelled by park staff. Anyone wishing to withdraw from a class that has not been cancelled by park staff must request a refund, in writing, at least one week before the scheduled start of the class. Refunds will not be given for withdrawals made less than the one-week period, other than for verified medical/hardship cases.

I agree to this waiver and refund policy. _____ _____

SIGNATURE DATE

Wake County park programs are provided for people of all abilities. If you need a reasonable modification, please indicate so here: _____. Requests are accommodated in compliance with ADA regulations.

Visit www.wakegov.com/parks to sign up for email updates regarding future programs and events at all of the County Parks!