



Parks & Recreation Department  
 980 Incline Way  
 Incline Village, NV 89451  
 PHONE (775) 832-1310 FAX (775) 832-1380  
[www.inclinerecreation.com](http://www.inclinerecreation.com)  
 EMAIL: parksandrec@ivgid.org

# GENERAL ADULT REGISTRATION FORM

**REGISTRATION FORM EXPIRES 1 YEAR FROM TODAY**

NAME OF PARTICIPANT: \_\_\_\_\_  
FIRST LAST

AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX (M / F): \_\_\_\_\_

T-SHIRT SIZE: **ADULT** S M L XL **YOUTH** S M L XL

IVGID RECREATION PHOTO ID CARD HOLDER? **YES / NO** (CIRCLE ONE)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT : \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

### EMERGENCY MEDICAL INFORMATION

( all that apply):

- Hyper/Hypo Active     Learning Disabled     Behavioral Problem     Epileptic     Asthma     Visually Impaired
- Hearing Impaired     Diabetic     Motor Coordination     Physical Impairment (Explain) \_\_\_\_\_
- Other (Explain) \_\_\_\_\_
- Allergies \_\_\_\_\_     Medications \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone \_\_\_\_\_

**The medical information provided above is current and accurate to the best of my knowledge as of the date noted below and may be released to medical personnel where definitive medical care is required. The furnishing of such care is in no way an admission of, or assumption of, liability on the part of the Parks & Recreation Department. It is understood that Parks & Recreation personnel will attempt to contact an emergency contact, if possible, prior to transporting the participant by any mode of transportation to a physician and/or medical facility to render emergency medical care to said participant and we consent to such treatment. The information will be kept on file only until the expiration date of the form and it is the responsibility of the participant to insure that this medical information is updated when medical conditions change during the noted period.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



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**ADULT PROGRAM WAIVER FORM**  
**VALID FOR 1 YEAR**

NAME OF PARTICIPANT: \_\_\_\_\_  
FIRST LAST

**REGISTRATION IS NOT COMPLETE UNTIL PAYMENT IS RECEIVED.**

PLEASE REVIEW THE GENERAL ADULT REGISTRATION FORM TO INSURE IT IS CURRENT FOR EACH PROGRAM THIS YEAR.

**INHERENT RISKS**

There are inherent risks in any program/activity that an adult participates. A copy of the inherent risks associated with the program /activity that an adult will be participating in can be obtained from any Recreation staff member upon request.

**WAIVER**

I hereby, for myself, for my youth, and/or for my heirs, executors, and administrators, do hereby **RELEASE, HOLD HARMLESS, AND INDEMNIFY** the Parks & Recreation staff, the organizers and/or sponsors of the program/activity noted on the back of this form, and IVGID, its officers, representatives, agents, trustees, and employees, from any and all liability for any damages and/or bodily injury, including death, which they may suffer due to my youth's participation in the noted program/activity. I understand that anyone participating in any program/activity as indicated on the back of this form may be exposing himself or herself to the risk of bodily injury or property damage due to the nature and inherent risks of such programs/activities, and I agree to assume such risks.

**PHOTOGRAPH RELEASE**

The undersigned also consents (either self or minor child) to be photographed and irrevocably grants to the District the right to use and incorporate photographs taken at any District program or event. This consent and grant of rights is unconditional and without limitation as to time or method of use.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_