

**HOUSTON PARKS AND RECREATION DEPARTMENT  
REGISTRATION/WAIVER FORM**

Date: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Community Center: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Programming Site: \_\_\_\_\_  
Season: (circle one) Fall Winter Spring Summer Ethnic Background (CHECK ONE) White Asian or Pacific Islander  
Hispanic  
Address: \_\_\_\_\_ Black Native American or Alaskan Indian Other  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Activity/Sport: \_\_\_\_\_  
Work Phone: ( ) \_\_\_\_\_ School Name: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F  
Alternate Phone: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR  
Cell/Pager: ( ) \_\_\_\_\_  
Email Address: \_\_\_\_\_ T-Shirt Size: Adult Youth  
I give my child permission to go on field trips: Yes No Size: Small Medium Large X Large XX Large  
Alternate person to notify in an emergency: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Doctor's name and phone #: \_\_\_\_\_

**City of Houston, Parks and Recreation Department  
Release, indemnity and hold-harmless agreement**

STATE OF TEXAS COUNTY OF HARRIS

IN CONSIDERATION OF THE BELOW-NAMED CHILD BEING PERMITTED TO PARTICIPATE IN THE CITY OF HOUSTON RECREATION/EDUCATION ("PROGRAM"), AT MY SPECIAL INSTANCE AND REQUEST, I, FOR AND ON BEHALF OF MYSELF, MY MINOR CHILD, AND MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, RELEASE, ACQUIT AND FOREVER DISCHARGE THE CITY OF HOUSTON, TEXAS, TOGETHER WITH ITS FORMER AND PRESENT ELECTED AND APPOINTED OFFICIALS, LEGAL REPRESENTATIVES, EMPLOYEES, AGENTS, SERVANTS, VOLUNTEERS, (IN BOTH THEIR PUBLIC AND PRIVATE CAPACITIES), SUCCESSORS, ASSIGNS AND ALL AFFILIATED PERSONS AND ENTITIES (COLLECTIVELY THE CITY) OF, FROM AND AGAINST ANY AND ALL LIABILITIES OF EVERY KIND, CLAIMS CAUSES OF ACTION, KNOWN AND UNKNOWN, WHETHER AT LAW OR IN EQUITY, IN CONTRACT OR TORT, UNDER STATUTORY OR COMMON LAW OR PURSUANT TO THE TEXAS OR UNITED STATES CONSTITUTION(S), LOSSES, JUDGMENTS, (INCLUDING ALL EXPENSES OF LITIGATION, COSTS, AND ATTORNEYS' FEES), FINES, DEMANDS, DAMAGES, LOSS OF USE OR SERVICES, OR INJURIES TO REAL AND/OR PERSONAL PROPERTY AND/OR PERSONS (INCLUDING DEATH) (COLLECTIVELY CLAIMS), CAUSED BY, ARISING OUT OF, RELATING TO, RESULTING FROM, OR IN ANY WAY TOUCHING UPON ANY EVENT, CIRCUMSTANCE OR TRANSACTION RELATING TO MY CHILD'S PARTICIPATION IN THE PROGRAM AND/OR THE PRESENCE, MALFUNCTION, MAINTENANCE, ADDITION OR SUBSTITUTION OF ANY PROPERTY OWNED, LEASED, OPERATED, OR UTILIZED BY THE CITY IN CONNECTION WITH THE PROGRAM EVEN IF THE CLAIM IS THE RESULT OF THE ACTUAL OR ALLEGED SOLE NEGLIGENCE OF THE CITY AND/OR THE ACTUAL OR ALLEGED JOINT OR CONCURRENT NEGLIGENCE OF THE CITY AND ANY OTHER PERSON OR ENTITY AND/OR THE ACTUAL OR ALLEGED STRICT, STATUTORY OR CONSTITUTIONAL LIABILITY OF THE CITY.

FURTHER, I, FOR AND ON BEHALF OF MYSELF, MY MINOR CHILD, AND MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, DO HEREBY AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE CITY OF, FROM AND AGAINST ANY AND ALL CLAIMS ASSERTED BY ANY PERSON OR ENTITY AGAINST THE CITY ARISING OUT OF, TOUCHING UPON OR IN ANY WAY RELATING TO THE PROGRAM AND/OR TO THE PRESENCE, MALFUNCTION, MAINTENANCE, ADDITION OR SUBSTITUTION OF ANY PROPERTY OWNED, LEASED, OPERATED, OR UTILIZED BY THE CITY AND/OR ANY OTHER PERSON OR ENTITY IN CONNECTION WITH THE PROGRAM EVEN IF THE CLAIM IS THE RESULT OF THE ACTUAL OR ALLEGED SOLE NEGLIGENCE OF THE CITY AND/OR THE ACTUAL OR ALLEGED JOINT OR CONCURRENT NEGLIGENCE OF THE CITY AND ANY OTHER PERSON OR ENTITY, AND/OR THE ACTUAL OR ALLEGED STRICT, STATUTORY OR CONSTITUTIONAL LIABILITY OF THE CITY. AS SUCH, THE FOREGOING INDEMNITY IS INTENDED TO INDEMNIFY THE CITY AGAINST THE CONSEQUENCE OF ITS SOLE NEGLIGENCE OR FAULT AND AGAINST THE CONSEQUENCE OF THE NEGLIGENCE OR FAULT OF THE CITY OCCURRING JOINTLY OR CONCURRENTLY WITH THE NEGLIGENCE OR FAULT OF ANY PERSON OR ENTITY AND AGAINST THE CONSEQUENCE OF THE STRICT, STATUTORY, OR CONSTITUTIONAL LIABILITY OF THE CITY. I ALSO GIVE THE CITY PERMISSION TO USE THESE MEDIA FOR ANY PURPOSE THE CITY DEEMS PROPER. FINALLY, I UNDERSTAND THAT THESE PHOTOS, VIDEOS, FILM AND SOUND RECORDINGS ARE THE EXCLUSIVE PROPERTY OF THE CITY. I HEREBY GIVE CONSENT FOR EMERGENCY MEDICAL ASSISTANCE IN THE EVENT THAT THE EMERGENCY CONTACT IS UNAVAILABLE.

NAME OF CHILD: \_\_\_\_\_

PARENT'S NAME: (Please print) \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

