Rittman Recreation Center
Program Application

STAFF USE ONLY:

Amount Paid:_____

☐ Cash ☐ Check Check #:_____

Staff:_____

Date:_____

Participant's Name:_____

Date of Birth:____/_____/_____ Age:_____ Grade:_____

Program Title:_____

Do you have a sibling in the same program? ☐ Yes ☐ No Name:_____

Shirt Size (circle one): YS YM YL AS AM AL AXL

Please Read Carefully
Release of Claims and Promise Not to Sue

As a participant in this and any other program of the City of Rittman Parks and Recreation Department, I/we recognize and acknowledge that there are certain risks and I/we agree to assume all such risks including any damages resulting from physical injuries, death, loss of service or consortium, loss or damage to property, or any other loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs.

In consideration of the Rittman Parks and Recreation Department accepting me or my child's registration, and with the intent to be legally bound, I hereby, for myself, for my child, all heirs, executors, administrators, and assigns, do hereby forever release, waive and relinquish all claims I have or may have as a result of participating in this and all other programs of the City of Rittman Parks and Recreation Department.

Furthermore, I/we promise not to sue the City of Rittman Parks and Recreation Department and its officers, agents, servants, employees, and insurers, from any and all liabilities, claims, demands, actions or causes of action resulting from physical injuries, including death, loss of services or consortium, loss or damage of property, or any other loss to me on account of my participation in this and all other programs of the City of Rittman Parks and Recreation Department

By signing this form, you may give up your legal rights

⇒ Signature:_____ Date:_____

If under 18 years old, **MUST** be signed by a parent or guardian.

Medical Release Form
Rittman Recreation Center

Name of Participant:_____ Home Phone:_____

Parent/Guardian:_____ Work Phone:_____

Address:_____

City:_____ State:_____ Zip:_____

Physician's Name and Number:_____

Emergency Phone Number:_____

Any known Allergies (including food):_____