

## **REGISTRATION FORM**

Online Registration: www.ttypr.com

## Walk-in Registration:

YPR Department, 299 Decatur Road, 831-1001

Address	Adult Registra	nt or Parent/Guardiar	n Name					
City	Address			Home Phone				
Activity # - section   Program Name   Participant's First   Participant's Last   Birthdate   M/F   Fee	City		_ Zip Code					
Activity # - section   Program Name   Participant's First   Participant's Last   Birthdate   M/F   Fee   Circle	Check in	box if your address h	nas changed in the last	year.				
Activity # - section   Program Name   Participant's First   Participant's Last   Birthdate   M/F   Fee   123456-01   M   F	E-mail Addres	s	Cell Phone					
ASSUMPTION OF RISK & RELEASE FORM The undersigned person requests and is granted permission to participate in classes, activities programs and/or events sponsored by the Town of Tonawanda ("Town") whether occurring on its premises or elsewhere. In consideration of participation in any such class, activity, program or event, th undersigned person requests and is granted permission to participate in classes, activities programs and/or events sponsored by the Town of Tonawanda ("Town") whether occurring on its premises or elsewhere. In consideration of participation in any such class, activity, program or event, in undersigned, his/hist personal representatives, heirs and/or assigns, DOES HEREBY.  1. RELEASE, DISCHARGE AND COVENANT NOT TO SUE the Town, its Board, Officers, Employees and/or Agents from any and all claims for personal injury or properly damage, except those resulting from the Town's negligence, arising out of participation in any such class, activity, program or event, and further agrees to hold harmless the Town from any claims, judgments or expenses the undersigned may incur by participation in the described activity.  2. UNDERTAINOR that participation in the described activity involves damage and risk of injury. The repulsion ASSUMING ALL RISK from the final final likeliative to do so. No oral representations or inducements have been made prior to signing this agreement. If an portion of this agreement is held invalid, it is agreed that the balance thereof shall continue in full legal force and effect.  1. HAVE READ THIS DOCUMENT AND UNDERSTAND THAT IT IS A RELEASE OF CLAIMS ON THE CONDITIONS SET FORTH ABOVE UNDERSTAND AND ASSUME ALL RISKS INHERENT IN THIS ACTIVITY ON BEHALF OF MYSELF OR IN MY CAPACITY AS LEGAL GUARDIAL FOR THE PARTICIPANT BELOW.  Authorized Signature  Date	I authoriz							
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*NO Outdoor Travel players allowed in any age group!  *Total Fees:   *Total Fees	_					M F		
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Office Use Only:	I HAVE READ THIS D I UNDERSTAND AND A	OOCUMENT AND UNDER SSUME ALL RISKS INHE	RSTAND THAT IT IS A R	RELEASE OF CLAIMS ON	THE CONDITIONS			
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