Special Programs Application

Application must be completed and returned to Proehlific Park prior to first meeting of program.

Program Enrolled In: _____

Name: _____ Age: _____ Gender: M / F

Parent or Guardian Names if Minor: _____ Phone #: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone#: _____

Email Address: _____Do you want to receive promotional emails? Y/N

1st Emergency Contact: _____ Phone#: _____ Relationship: _____

2nd Emergency Contact:_____ Phone#: _____ Relationship: _____

Waiver of Liability

It is understood that the use of the facilities and or the participation in sports activities at Proehlific Park may involve the risk of serious injury or death. I expressly agree that all such activities and or the use of the facilities shall be undertaken at my own risk. I represent that I am or my minor child is physically able to undertake all physical activities provided by Proehlific Park. In consideration of above minor participant being permitted to participate in Proehlific Park and in activities at the park, the undersigned parent(s) or guardian, on behalf of the parent, parent's heirs, parent's personal representatives or assigns, do hereby forever release, waive, discharge and covenant not to sue Proehlific Park (including its officers, directors, employees, affiliates, independent contractors, coaches, and volunteers) from liability for any and all claims, demands, injuries, actions, active or passive negligence or other causes or actions whatsoever arising out of or connected with the use of any of the services or facilities provided by Proehlific Park that the parent/guardian might have arising from injury or loss to said minor, whether due to the negligence of Proehlific Park or otherwise. Proehlific Park shall not be liable for any such claims. Participant's parent, participant's legal guardian, or I herby consent and affirm the foregoing Liability Waiver on behalf of participant, participant's family and all other parties stated. By affirming and consenting to the liability waiver of risk agreement, it is my intention that terms of the document by and through my consent are as effective as if the participant were an adult rather than a minor. In the event of a medical emergency; I authorize Proehlific Park employees to take the necessary steps regarding medical attention (i.e. first aid, calling EMS or transportation to be admitted to the hospital) and will allow authorized hospital facilities and staff to treat me or my child for any illness or injury he/she has. Also, that I will be financially responsible for any expenses involved.

I give my permission to have my child's photo taken while participating in activities at Proehlific Park. I further acknowledge that these photos may be used in advertising and marketing materials and hereby release all such photos to be used for promotion of Proehlific Park at the will of Proehlific Park.

I have read the preceding information and my questions have been answered. I know, understand and appreciate the risks associated with playing sports and physical activity, and I am voluntarily participating in the activities provided at Proehlific Park. In doing so, I am assuming all of the inherent risks of the sport.

_____ _____ _____

Signature of Participant | Signature of Parent or Guardian If Under 18 | Date

Proehlific Park
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