

Adult Registration Form

City of Marco Island Parks and Recreation 50
Bald Eagle Drive Marco Island, Florida, 34145
(239) 642-0575



Name: (Please Print) _____ Date of Birth: _____

Mailing Address: _____ Zip: _____ Phone #: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Allergies: _____ Gender: M F Medication(s): _____

Email: _____

Program: _____ Start Date: _____ Location: _____ Fee: _____

All Bus Trips Are Non-Refundable - Initial Here: _____

I hereby give permission for myself to participate in the City of Marco Island Parks and Recreation Department's programs. I acknowledge that my participation in the Program is voluntary, that I will be participating at my own risk, and that participation in the Program and learning or practicing any Program activities can involve risk or injury, including serious injury. I attest that I am physically fit and prepared to participate in the Program and its activities. I fully acknowledge that the City of Marco Island, its agents, officers and employees accept no responsibility and will not be liable for any injury, harm or damage to person or property occurring during or arising out of participation in said program. To the fullest extent permitted by law, I do hereby agree to assume all risk of injury, harm or damage to my person or property (including but not limited to all risks or injury, harm or damage to my person or property caused by negligence of the City of Marco Island, its agents, officers, employees, and contractors arising during or in connection with said Program. On behalf of myself, as well as my heirs, executors, administrators and assigns I do hereby forever release, discharge, waive and agree to indemnify and hold harmless the City of Marco island, its agents, officers, employees, and contractors ("Released Parties") from any and all liabilities, demands, actions, causes of action, suits, damages, claims, and expenses of any kind and nature whatsoever including, without limitation, for death, personal injury, damage to or loss of property whether anticipated or unanticipated, directly or indirectly, whether caused in whole or in part by the sole or concurrent negligence or misconduct, strict liability or fault of the Released Parties, or any of them individually, or otherwise, that may arise out of or occur during or in connection with participation in the programs.

Signature: _____ Date: ___/___/___

I hereby grant the City of Marco Island full and complete permission for me to be photographed or recorded and to use my name and likeness, including any photographs, videography obtained from me in connection with any City of Marco Island Parks and Recreation Promotion without restriction or compensation. I acknowledge and agree that any such Promotion include, but not limited to, Public service announcements, department brochures, city website, social media, and any and all media now known or hereafter developed.

Signature: _____ Date: ___/___/___