



**Wright City Parks Department
Adult Easter Egg Hunt Registration Form
Registration Fees: \$10.00 per person
Dinner additional \$5.00**

Please Print

Name of Participant: _____

Name of Participant: _____

Mailing Address: _____

City: _____ Zip: _____

Home Phone: ()-_____-_____ Cell: ()-_____-_____

Email Address: _____

Hold Harmless Agreement & Emergency Medical Treatment Release

I (parent/guardian) agree to indemnify and hold harmless the City of Wright City and Wright City Parks Department from any claim, damages or loss sustained by reason of participation in the above named Program, and hereby assume the risk of and hereby release the City of Wright City and Wright City Parks Department from any claim, damages, or loss by reason of accident, injury to me or any person or property happening during the course of participating in the activities of the above named program. My child, self, or guardian is insured by our personal insurance for incidents and accidents that may arise during the program.

TO WHOM IT MAY CONCERN: In the event that the above named person is taken to the emergency room or medical care facility in my absence from attendance of the above named Program at any time during the entire event or any member of the Wright City Parks Department or the City of Wright City, has my consent to authorize treatment for the person by a doctor(s) and /or medical personnel which may be deemed necessary.

I, (the undersigned), do hereby acknowledge that I have given my permission to participate in the above named Program with full knowledge of the risks involved and I hereby agree to assume those risks and to hold the Wright City Parks Department, City of Wright City, all of their officers, employees, coaches, officials, volunteers and sponsors free from liability for any injury, harm or complication of any kind.

Furthermore, I do understand that accident insurance is NOT provided by the Wright City Parks Department, or the City of Wright City, and I hereby agree to assume full responsibility for any and all expenses resulting from any accidents or injuries suffered by the above named person while participating in the above Program.

I understand that a photocopy of this document shall have the same force and effect as the original.

By signing this form, I affirm that all of the participants listed above are the age of 21 or above.

Participant Signature: _____ Date: _____

-OFFICE USE ONLY-

Amount Collect: _____ Date: _____ Initials: _____ Cash Check Credit Card