

# LaSalle Recreation

## Adult Program Registration

Full Name \_\_\_\_\_

Program \_\_\_\_\_ Program # \_\_\_\_\_

Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

### Liability Waiver

I understand that Adult Sports may have an element of hazard or inherent danger, and I take full responsibility for my actions and physical condition. I expressly understand and agree that neither the Northern Valley Athletic Association, School District Weld RE-1, Town of LaSalle, a municipal organization, nor any of the officers, agents, volunteers, assistants or employees shall be held responsible or made subject to any claim seeking to assess damages or liability for or from personal injury or property damage to myself or other persons on whose behalf this form is now signed as a result of actual or proposed participation in the above named programs. **I hereby agree to indemnify and hold harmless the Northern Valley Athletic Association, School District Weld RE-1, Town of LaSalle and their officers, agents, volunteers, assistants or employees on account of any such claims.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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*Office Use Only*

Date Received \_\_\_\_\_ Staff \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_ Total Fees Paid \_\_\_\_\_ Total Fees Due \_\_\_\_\_