

ATHENS COMMUNITY CENTER

Punch Card Application

DATE: _____ PUNCH CARD #: _____

PARTICIPANT'S NAME: _____

PARENT: _____

ADDRESS: _____ City _____ Zip _____

PHONE: Home(____) _____ Work(____) _____

D.O.B.: ____/____/____ Sex: M F

AMOUNT PAID: \$ _____ STAFF: _____

CHECK # / _____ / CASH / _____ / CREDIT CARD / _____ /
REF# / _____ / BATCH# / _____ /

WAIVER AND RELEASE

In consideration of the City of Athens granting me permission to engage in the recreational activities in the Athens Community Center, the undersigned does hereby waive, release, save and hold harmless and indemnify the City of Athens, its employees, agents, and independent contractors for any and all claims for damage or personal injury to me or loss of property which may be caused by any act or failure to act on the part of the City of Athens, its employees, agents, and independent contractors.

The undersigned further assumes the risk of all dangerous conditions in and about the City of Athens Recreation Department property, both real and personal and waive any and all specific notice of the existence of such dangerous conditions, if any. Furthermore, the release bars claims by the undersigned's children, heirs, assigns, executors, and administrator.

I have received a medical checkup from my family doctor and am physically released to participate.

***The Athens Community Center is NOT responsible for lost or stolen punch cards. Lost or stolen punch cards will NOT be replaced.**

Signature

Date

Signature
(of Parent or Guardian if under 18)

Date