

Get Moving Montgomery™

WAIVER FORM



Last Name: _____

First Name: _____

If you have completed online registration, you may skip the middle section and proceed to the t-shirt and wavier/release section.

Email _____

Address: _____

City _____ State _____ Zip _____

Home phone: (_____) _____ - _____ Emergency phone: (_____) _____ - _____

Participant's First & Last Name	Birthdate	Gender

T-Shirt Size: Adult: Sm Med Lg XLg Child: Sm Med Lg

WAIVER & RELEASE

In consideration of my/our child's enrollment and participation in this program, I/we hereby waive and release any and all rights and claims for damages I/my child may have against the City of Montgomery, TriHealth Fitness & Health Pavilion, their employees, contractors, volunteers or representatives, for any and all injuries suffered in any activity sponsored by this group. I/we furthermore indemnify and save harmless the City of Montgomery for any and all loss and damage to person or property that may arise out of participation in this activity. By registering for, participating in or attending any TriHealth Fitness & Health Pavilion or City of Montgomery programs or parks, I agree to allow the publication of any photos taken at any program, event, class or facility of the City of Montgomery or TriHealth.

Signature _____

Date _____

