



Rathdrum Parks & Recreation

7851 W. Main St. Rathdrum, Idaho 83858
Phone - (208)-687-2399 Fax - (208)-687-6421

Adult's Name _____

Age _____ Phone Number _____

E-Mail _____



Mailing Address _____ City _____ State _____ Zip _____

Child's Name: _____ Age _____

Child's Name: _____ Age _____

Child's Name: _____ Age _____

Cost: \$15 per Father & Daughter Total _____

Cost: \$5 per each additional Daughter

Release Agreement

In exchange for me being allowed to participate, or my above-named child/ward being allowed to participate, in the above-named programs, which is a recreational or educational program and which is not an essential life activity, conducted by the city of Rathdrum, I hereby assume all risks associated with such participation on behalf of myself or my child/ward, knowing that such participation presents the risk of physical and/or emotional injury or harm which may result in temporary or permanent damage to the participant. I further release the city of Rathdrum, its agents, servants, employees and activity sponsors from any claims of liability for damages or other harm to person or property incurred by me, or my above-named child/ward, as the result of participation in the above-named program, except for gross negligence.

I UNDERSTAND THAT BY SIGNING THIS RELEASE THAT I AM RELINQUISHING ON BEHALF OF MYSELF OR MY ABOVE-NAMED CHILD/WARD ANY RIGHT THAT MIGHT ACCRUE IN THE FUTURE TO BRING A CAUSE OF ACTION FOR NEGLIGENCE AGAINST THE CITY OF RATHDRUM, ITS AGENTS, SERVANTS, EMPLOYEES AND ACTIVITY SPONSORS ARISING FROM PARTICIPATION IN THE NAMED ACTIVITY, EXCEPT AS OTHERWISE PROVIDED HEREIN.

I hereby consent to first aid, emergency medical care, and authorize, if necessary, admission to a hospital for treatment of injuries that myself or my child/ward could sustain while participating in this program. I understand that I am responsible for any and all medical expenses which may be incurred as a result of any accident or illness while participating in this program.

(Signature of Parent/Legal Guardian)

(Date)

Form Of Payment Check Cash Visa MasterCard

Total \$

Name on Card _____

Signature _____

Cardholder Phone Number () - _____

Cardholder Zip Code _____

Card #

CVC

Expiration Date

**Make checks payable to:
City of Rathdrum**