

**Village of Corrales**  
**Department of Parks and Recreation**  
**Waiver of Liability and Registration Form**

I recognize that the Village of Corrales, any of its co-sponsors including other entities, their employees or agents assume no responsibility for myself or my child. I will assume all risks that arise from this participation. I also hereby waive any claims against the Village, its co-sponsors, their departments, officers, employees, or agents for any injuries or loss that arise from this participation. I acknowledge I retain the right to assess any claims that arise from the gross negligence or gross misconduct of the Village of Corrales or any co-sponsoring entities, their officers, employees, or agents. This form complies with all state and federal requirements.

Program Name: \_\_\_\_\_  
Participants Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Shirt Size: \_\_\_\_\_ Gender: M F

(If Participant is Under 18)

Date of Birth: _____	Age: _____
School Attending: _____	Grade: _____
Parent's Name(s): _____	Mobile Phone: _____

**If you have a disability and need special accommodation to participate in any of the Department's programs for which you have registered, please notify us of that accommodation.**

Please Specify accommodation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(other than parent)

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(other than parent)

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preferred: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Refunds will ONLY be given if the program is canceled or we can fill your position.**

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

Receipt Number: \_\_\_\_\_ Staff Initials: \_\_\_\_\_