



GLOW CRAZY NEON POOL PARTY

FRIDAY, JULY 28, 2023 FROM 9P.M. TO 11 P.M.

Ages 10-18 years old

Fee \$20.00 per person

| | | | | |
|---|------|-----------|------------|----------------|
| | | | Male | Female |
| First Name (above) | M.I. | Last Name | Circle One | |
| | | | | |
| Address | City | Zip | Telephone | E-mail contact |
| | | | | |
| Emergency Contact Name and Phone Number | | | | |
| | | | | |
| Parent and/or Guardian Full Name | | | | |
| | | | | |

Notes/Allergies/Information that may be helpful to know about your child

WAIVER AND RELEASE OF LIABILITY- READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Village of Blissfield's sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce risk, the risk of serious injury does exist; and,
2. I accept all responsibility to inform the coach or instructor of any pertinent medical information required as part of this activity.
3. I /my child have received and reviewed the State of Michigan, Department of Health and Human Services as required by State Law.
4. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
5. I will willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
6. I, for myself, my child, and on behalf of our heirs, assigns, personal representatives and next of kin, hereby release and hold harmless, and agree to defend and indemnify the Village of Blissfield, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (Releasees), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releasees, any other entity or individual, or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

| | | |
|------------------|--------------|------|
| Parent Signature | Printed Name | Date |
|------------------|--------------|------|

For more information contact the Blissfield Village Office at 517-486-4347 - 130 S. Lane St. - PO BOX 129 Blissfield, MI 49228

Registration form and fee may also dropped off at the Blissfield Village Office at the above address or deposited in the outside drop box on the back wall of the police garage.

Registrations are non-refundable.