

Madeira Beach Social Club Participant Form



2017-2018 MBSC Member Date Pd. _____ Staff: _____ Card _____
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INFORMATION ABOUT YOU

NAME _____

STREET ADDRESS _____ CITY, STATE, ZIP CODE _____

EMAIL ADDRESS _____

PHONE NUMBER _____

HEALTH INFORMATION

DATE OF BIRTH _____

ALLERGIES, INJURY, MEDICATION, ILLNESS _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone Number _____

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Participation Waiver: In consideration of the opportunity to participate in any of the activities ("Activities"), provided by the City of Madeira Beach, I, for myself, my family, my children, my heirs, my estate, my personal representatives and assigns (hereinafter collectively referred to as "Participant"), **do hereby completely and fully release, waive, covenant not to sue, and forever discharge** the City of Madeira Beach, its elected and appointed officials, and its officers, employees and agents (collectively hereinafter "the City"), from all liability, responsibility, actions, damage, costs and claims for personal injury, accidents, illnesses, death, and property damage and loss (hereinafter collectively referred to as "Injuries and Loss"), arising from, related to, or in any way connected to participation in any of the Activities.

Signature of Participant or Parent (if participant is minor) Date Print Participant/Parent Name

All City of Madeira Beach computer files are held on secure servers. The City does not share this information, including phone numbers or email addresses, with any outside vendors, companies, or individuals.