

# Participant Information – Ages 5 to 10

## **PARTICIPANT INFORMATION:**

Name (first/last)	_____				
Sex	M	F	DOB (mm/dd/yy)	_____	Height _____ Clothing Size _____
Address	_____			Apt/Unit	_____
City	_____	Zip	_____	Primary Phone	_____

## **PARENT INFORMATION - Please list all parents who live at the address above:**

Name (first/last)	DOB:	_____	Name (first/last)	DOB:	_____
_____			_____		
Sex	M	F	Sex	M	F
Cell	_____		Cell	_____	
Email	_____		Email	_____	

May we share your information with the BYT Foundation? Yes No

List all scheduled conflicts below.

**NOTE: Failure to disclose your conflicts may result in loss of lines or role.**

List any disabilities, allergies, medical/mental conditions, eyewear required on stage, and makeup/fabric issues.

## **WAIVER OF LIABILITY/RELEASE – PLEASE READ CAREFULLY**

In consideration of myself and/or my child(ren) being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in City-sponsored activities, I assume any and all risks, including risk of injury or death, associated with my or my child(ren)'s use of said facilities and/or participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to waive and release any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against the City of Bellevue and its officials, employees, and agents for any injuries suffered by me or my child(ren) in connection with the use of City facilities or participation in City-sponsored activities. I acknowledge that I have carefully read this Waiver of Liability and fully understand that I am waiving any right that I may have to bring a legal action or to assert a claim against the City of Bellevue.

**PHOTO/VIDEO RELEASE:** I give my permission to have photos and/or video and audio recordings taken of me or my child(ren) by the City of Bellevue or its agents for publicity purposes during City of Bellevue activities even though we will not receive compensation of any kind for appearing in such photos or video recordings. If you wish to waive the photo release, please contact the main office at 425-452-6885 or Parksweb@bellevuewa.gov.

I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability/Release and the Photo Release printed above on behalf of myself and/or my child(ren):

Participant or Parent/Guardian Signature (if participant is under 18)	Date

Printed Name:

Registration NOT VALID without signed waiver.