

Registration Form

Spring 2022

Please Print Clearly

Main Contact (Adult) Last Name		First Name	Main Contact Date of Birth
Street Address			
City	State	ZIP	
E-Mail Address - By providing your email address, you will receive emailed receipts and updates from Bellevue Parks & Community Services.			
()	()		
Work Phone	Home Phone		



Participant Name:

Date of Birth: M ☐ F ☐

Program

PD Exercise	\$54(r) \$65(nr)
Mon & Weds 9am-10am	Mar 7 th -Apr 27 th
PD Exercise	\$54(r) \$65(nr)
Mon & Weds 10am-11am	Mar 7 th -Apr 27 th
PD Exercise	\$54(r) \$65(nr)
Mon & Weds 11am-12:30pm	Mar 7 th -Apr 27 th
In Person Social Club	\$46(r) \$58(nr)
Tues 3pm-4pm	Mar 8 th -May 10 th
In Person Multi-Sport	\$46(r) \$58(nr)
Tues 5pm-6pm	Mar 8 th -May 10 th
In Person Multi-Sport	\$46(r) \$58(nr)
Tues 6pm-7pm	Mar 8 th -May 10 th
In Person Movie Time	\$46(r) \$58(nr)
Thu 2pm-4pm	Mar 10 th -May 12 th

(r) = Resident of Bellevue (nr)=Non-Bellevue Residents

Payment Details Payment due in full at time of registration	
Payment Method	
<input type="checkbox"/> Check	<input type="checkbox"/> D.D.A. (send to Highland)
<input type="checkbox"/> Credit Card	Total Fee: \$
 	
Card Number	
Expiration Date	

WAIVER OF LIABILITY/RELEASE
PLEASE READ CAREFULLY



In consideration of myself and/or my child(ren) being allowed to participate in the City of Bellevue Parks & Community Services activity identified herein, I **ASSUME ANY AND ALL RISKS, INCLUDING RISK OF INJURY OR DEATH**, associated with my or my child(ren)'s 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 participation in the City-sponsored activity(ies) identified herein. 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 in connection with participation in the City-sponsored activity stated below.

PHOTO/VIDEO RELEASE: I hereby grant permission to the City to record and publish audio files, photographs, and video footage in which I or my child appear, and to use such recorded content for any lawful purpose for as long as the City desires. Furthermore, on behalf of myself or my child, I waive any rights of privacy, compensation, copyright or other ownership right with respect to such recorded content, and I forever discharge and release the City, including its officials, employees, and agents, from all claims and causes of action, liabilities, and damages arising out of the use of audio recordings, photographs, or video footage, including but not limited to claims for invasion of privacy or misrepresentation. I understand it is my responsible to disable the use of my camera and/or microphone during each virtual program session and ensure no profile image is used if I do not want the City to record and publish audio files, photographs, and video footage of myself or my child. If you have any questions, please contact the main office at 425-452-6885 or Parksweb@bellevuewa.gov.

CAUTION

I acknowledge that I have carefully read this **WAIVER OF LIABILITY** and **PHOTO/VIDEO RELEASE** and fully understand that I am waiving any right that I may now or hereafter have to bring a legal action to assert any claim against the City of Bellevue in connection with my or my child(ren)'s participation in this activity.

Date

Participant or Participant's Parent/Guardian Signature

Printed Participant Name

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO COVID-19 PLEASE READ CAREFULLY

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is very contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The City of Bellevue has put in place preventative measures to reduce the spread of COVID-19; however, the City cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, using City facilities and/or participating in City programs and activities could increase you and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and **VOLUNTARILY ASSUME THE RISK THAT I OR MY CHILD(REN) MAY BE EXPOSED TO OR INFECTED BY COVID-19** by using the City facility and/or participating in the City programs or activities identified herein **AND THAT SUCH EXPOSURE OR INFECTION MAY RESULT IN PERSONAL INJURY, ILLNESS, PERMANENT DISABILITY, AND DEATH**. I understand that the risk of becoming exposed to or infected by COVID-19 at the facility or in the programs or activities identified herein may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees, volunteers, and participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or my child(ren) (including but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, or my child(ren) may experience or incur in connection with my or my child(ren)'s attendance at the facility or participation in the program or 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 facility or participation in the City programs and activities identified herein. I understand that this release includes any claims based on the actions, omissions, or negligence of the City, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in the City program or activity.

IN ADDITION, I AGREE TO COMPLY WITH ALL COVID-19 SAFETY POLICIES AND PROCEDURES OF THE FACILITY OR PROGRAM/ACTIVITY IDENTIFIED HEREIN.

City facility or program/activity: Highland Community Center

By signing below, I indicate that I accept the conditions printed above:

Participant or Participant's Parent/Guardian Signature

Date

Printed Participant Name