



FULTON TRAVELERS TRIP REGISTRATION FORM

Trip Destination: _____ Date(s): _____

Last Name: _____ First Name: _____

Birthdate: _____ Gender: Male Female Soc. Sec. # _____

Address: _____

E-mail: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Insurance Information

Company: _____ Policy # _____

Name of Policy Holder _____

Cancellation Policy

In case of cancellation due to inclement weather for any event 50% of the registration fee for that event will be refunded to participant registered.

Liability Waiver

Many recreational activities, recreational trips and athletic programs involve substantial risks of bodily injury, property damage and other dangers associated with participating in such activities. Dangers related to such activities include but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack, and heat exhaustion. Each participant in such activities should realize that there are risks, hazards and dangers inherent in such activities and in the training and preparation for and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which he/she has the prerequisite skills, qualifications, preparations, and training.

The undersigned acknowledges that Fulton Parks and Recreation Department and the City of Fulton does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, vehicle driver, or individual participant in any athletic or recreational activity. All participants in recreational activities and athletic programs will be required to sign this Assumption of Risk and Release form.

I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in such voluntary athletic or recreational activities. In this regard, I certify that I am covered by a 24-hour health and accident insurance policy.

I have received a copy of this Notice, which I have read and understand. I accept and assume all risks, hazards and dangers involved in any such activities in which I may elect to participate, including the training and preparation for and travel to and from the site of such activities.

Signature

Date

FORMS SHOULD BE RETURNED TO:
PARKS AND RECREATION DEPARTMENT
P.O. BOX 130 or 18 East 4th St.
FULTON, MO 65251
PHONE: 573-592-3190
Forms may be placed in Utility Drop
Box at City Hall.

--- FOR OFFICE USE ONLY ---

Registration Fee Paid: \$ _____

Balance Due: \$ _____

Received By: _____

Method of Payment: Check Cash Debit / Credit Scholarship
 3% Credit Fee

Date: _____