



Activity Registration Form



For alternate formats, interpreters, or reasonable accommodation requests please phone at least 48 hours in advance 425-452-6885 (voice) or email ParksWeb@BellevueWA.gov. For complaints regarding accommodations, contact City of Bellevue ADA/Title VI Administrator at 425-452-6168 (voice). If you are deaf or hard of hearing dial 711. All meetings are wheelchair accessible.

Bellevue resident registration begins June 5
Registrations from non-Bellevue residents will be accepted beginning June 12.

Please Print Clearly

Adult Last Name _____ Adult First Name _____ Adult 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 #1 Name:

_____ Last _____ First

Date of Birth: _____ Male Female

Class No	Class Title	Fee	Use Scholarship?

Check here if you need to be contacted by staff to request a modification for a participant with a disability.

Participant #2 Name:

_____ Last _____ First

Date of Birth: _____ Male Female

Class No	Class Title	Fee	Use Scholarship?

Participant #3 Name:

_____ Last _____ First

Date of Birth: _____ Male Female

Class No	Class Title	Fee	Use Scholarship?

Payment Details

Payment Method

Check D.D.A. (send to Highland)

Credit Card

Total Fee: \$ _____



Card Number _____

Expiration Date _____

Waiver on reverse side of form must be signed prior to returning this form. Registrations received without a signed waiver will not be processed.



WAIVER OF LIABILITY/PHOTO & VIDEO 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 the City-sponsored activity(ies) identified herein, 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 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 the use of City facilities or participation in the City-sponsored activity stated below.

PHOTO/VIDEO RELEASE: I give my permission to have photos and/or video and audio recordings taken of me or my child(ren) during City of Bellevue activities and authorize the City of Bellevue to copyright, use, and publish the same. I understand I am waiving any right of privacy, compensation, copyright or other ownership right connected to the photo or recording. If you do not give permission to have photos and/or video and audio taken of you or your child(ren), please contact the main office at 425-452-6885 or Parksweb@bellevuewa.gov.

I acknowledge that I have carefully read this WAIVER OF LIABILITY / 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.

Participant's Parent/Guardian Signature

Date

Printed Name

Registration NOT VALID without signed waiver.

Mail completed form to:

Bellevue Parks Registration; P.O. Box 90012; Bellevue, WA 98009-9012