



City of Parkland
Senior Recreation Program
10559 Trails End
Parkland, Fl 33076
Phone (954)757-4113

PARKS AND RECREATION STAFF:
STAPLE ID HERE

CDBG GRANT FY 2018-2019 GRANT APPLICATION

Please fill out information and include a copy of your driver's license.

Print all information. All participants must be 62 or older & Parkland Resident to participate in program.

Name: _____ DOB: _____
(MM/DD/YR)

Address: _____

City/State: _____ Zip Code: _____

Subdivision/Development: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Gender: _____

Emergency Contact: _____

Phone: _____ Relationship to participant: _____

Physician Name: _____ Phone: _____

Insurance Co., Group #, I.D. #: _____

Allergies, Medical Conditions, etc.: _____

Does the participant have any special needs? YES NO
(If yes, you will be contacted directly)

PLEASE SEE OTHER SIDE

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in programs/activities offered by the City of Parkland, you will be expressly assuming the risk and liability and waiving and releasing all claims and injuries, damages or loss which you might sustain as a result of participating in any and all activities connected with and associated with said programs/activities.

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of said participation. I further agree to waive and relinquish all claims I may have (or accrue to me as a result of participating in these programs/activities against the City of Parkland, including their respected officials, officials, officers, employees and volunteers).

I do hereby fully release and forever discharge the City of parkland from any and all claims for injuries, damages or loss that I may have or which may accrue to and arising out of, commented with, or in any way associated with these programs/activities.

I have read and understand the above important information, warning of risk, and waiver and release of all claims and assumption of risk.

Participant Name: (please print) _____

Participant Signature: _____

Date: _____

*Participation can be denied if the signature of the participant/guardian and date are not on this waiver.

** This Release and Waiver does not need to be notarized.