



CRAFTS

THE PARK CENTER'S

# HOLIDAY ELF WORKSHOP



SANTA  
CLAUSS



THE  
GRINCH

SATURDAY, DECEMBER 13

5-7PM



GAMES

WHO: AGES 2-12

FEE: \$4/RESIDENT

\$6 NON-RESIDENT

202 E. MURRAY PARK AVE.

801-284-4200



# HOLIDAY ELF WORKSHOP

Participants Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ M / F  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relation \_\_\_\_\_ Phone: \_\_\_\_\_

Does the participant have any physical limitations? [ ] No [ ] Yes , If yes, please explain: \_\_\_\_\_

Concussion Policy: I have hereby read and signed the Concussion/Head Injury Policy required by Murray City and have included it with my registration. I understand that Concussion/Head Injury forms are valid for two years.

[ ] Yes agree my child does not have a concussion or in the last year. Parent Initials \_\_\_\_\_

Photo Release : I hereby give my permission to Murray City, to take photographs, digital images, and/or videos, of my child when participating in Murray City activities. I also authorize the City to display the photographs and images on the website, government channel and other media. In addition, I hereby grant consent to Murray City to broadcast, live-stream, and/or transmit my child's event or activity over the internet, television or radio as determined by the City. I hereby release the City from any and all claims, demands, damages, actions or causes of action whatsoever which I, my heirs, executors, or administrators may now or hereafter have against the City relating to any use or broadcast of my child's images or the City activity.

[ ] Yes agree [ ] No Parent Initials \_\_\_\_\_

Refunds: Refunds must be requested in written form. As per Murray City Parks & Recreation policy & procedures, the Parks & Recreation Division may with-hold 25% of the fund (program registration fee) for administrative costs. Refunds requested after the first day of the program shall be at the Recreation Coordinator or Recreation Director discretion. [ ] Yes agree Parent Initials \_\_\_\_\_

## MURRAY CITY PARKS AND RECREATION RELEASE OF LIABILITY AND WAIVER OF CLAIMS READ BEFORE SIGNING

IN CONSIDERATION OF being allowed to participate in any way in Murray Aquatic Club and its related events and activities, I hereby acknowledge, appreciate, and agree that: The risks of injury and illness (including, but not limited to, physical or psychological injury, communicable diseases (such as MRSA, influenza, COVID-19, etc.), pain, suffering, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death) of participating in the Activity are significant, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of others, including, but not limited to, other participants, volunteers, spectators, coaches, and Activity officials, and I assume full responsibility for my participation; and, I willingly agree to comply with the Activity's rules and conditions for participation. If, however, I observe any unusual or significant hazard during my presence or participation in the Activity, I will remove myself from the Activity and bring such attention of the nearest official immediately; and, I for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Murray City Corporation, its employees, officers, directors, volunteers, elected officials, and agents (hereinafter collectively referred to as the "City"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, and from any and all liabilities incident to my participation in the Activity, to the fullest extent permitted by law.

I understand that the City shall have no responsibility to pay for any medical treatment and related costs if I become injured, sick, or otherwise harmed while participating in the Activity and, in the event that I should require medical care or treatment for any injury or illness, I agree to be financially responsible for any costs incurred as a result of such treatment.

I HAVE READ THIS RELEASE OF LIABILITY AND WAIVER OF CLAIMS FORM AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Name \_\_\_\_\_

Participant's Signature \_\_\_\_\_

PARENT/GUARDIAN WAIVER FOR MINORS (under 18 years old) This is to certify that I, as parent and/or guardian with legal responsibility for this Participant, have read and explained the provisions in this RELEASE OF LIABILITY AND WAIVER OF CLAIMS form to my child, including the risks involved in participating in the Activity and his/her responsibilities for adhering to the rules and regulations. I for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives, and next of kin, do hereby RELEASE AND HOLD HARMLESS the City from any and all liabilities (as outlined above) incident to my child's involvement or participation in the Activity, EVEN IF ARISING FROM THE NEGLIGENCE OF OTHERS, to the fullest extent permitted by law.

PLEASE print name of \_\_\_\_\_

Parent / Guardian Signature & Date \_\_\_\_\_

Office Use Only

CASH CHECK VISA AMEX DISC MC

Paid \$ \_\_\_\_\_ Staff \_\_\_\_\_ Date \_\_\_\_\_