

The Gardens on Spring Creek Youth Program Registration

Date _____

Householder's Name _____

Address _____

City/State/Zip _____

E-mail _____ Home Phone _____

Cell Phone _____ Work Phone _____

Youth Participant Name	Birth Date	Gender	Program Name	Start Date	Fee

Total \$ Due _____

Method of Payment:

_____ Charge _____ Check (payable to GOSC) _____ Cash

Card# _____ Expiration Date _____

Signature _____

Permission to Use Photograph

I grant to The Gardens on Spring Creek, its representatives and employees, the right to take photographs of my child(ren), myself, and my property in connection with the Youth Program at The Gardens on Spring Creek. I authorize the Gardens on Spring Creek, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that The Gardens on Spring Creek may use such photographs with or without my child's name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the Permission to Use Photograph Release form:

Signature _____

Printed Name _____

(over)

Allergy and Liability Release Form

Date _____

Name of Youth _____ Birthday _____

Household's Name _____

Address _____ City/State/Zip _____

The above named Youth Program Participant: *(check all appropriate categories)*

Has no known food allergies _____

Is allergic to: Peanuts _____ Wheat _____ Dairy _____ Eggs _____ Gluten _____

Other: *(please specify)* _____

As parent or guardian of _____, a minor child, I understand and am aware that my child's participation in youth programs at The Gardens on Spring Creek involves inherent risks and hazards, including the risk of injury. Recognizing those risks and hazards, I hereby give my consent and approval to my child's participation.

On behalf of myself and my child, I release the City of Fort Collins, its officers, agents, volunteers and employees and agree to hold them harmless from any liability for any claim arising out of any injuries and/or damage to me, my child, my property, or loss of any other sort arising out of or related to activities at The Gardens on Spring Creek, the result of the negligence of the City of Fort Collins or any other person. I agree to indemnify the City of Fort Collins, its officers, agents, volunteers and employees and to be responsible for all harm, injury or damage caused by my child to any persons, property or equipment in conjunction with youth programs. I hereby give consent for emergency medical care prescribed by a medical professional. This care may be given under whatever conditions are necessary to preserve the well-being of my child. I have read this waiver carefully before signing.

Signature of parent or Guardian _____

This form must be signed and dated prior to child's participation in programming. Please return to:

The Gardens on Spring Creek 2145 Centre Avenue Fort Collins, CO 80526
For more information: 970-416-2486 www.fcgov.com/gardens