

**CARROLLTON PARKS, RECREATION, AND CULTURAL ARTS DEPARTMENT  
ADULT RELEASE FORM (FOR 18 YEARS AND OLDER)  
(Rec 26)**

NAME: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**I LIVE WITHIN THE CITY LIMITS OF CARROLLTON**      **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

I AM PARTICIPATING IN: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ PHONE \_\_\_\_\_

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**RELEASE: There is, by participation in recreation activities a risk of injury, and by signing this waiver release form you are hereby acknowledging this risk. You are waiving your right to take legal action against the City of Carrollton, the C.P.R.C.A.D., or any of the employees or volunteers working with our organization for liability should you or your child incur an injury.**

**CONSENT OF TREATMENT:** I authorize such physician or medical staff as the Carrollton Parks, Recreation, and Cultural Arts Department may designate to carry out any minor medical or surgical treatment and/or medication necessary, or to take me to the emergency room of the nearest hospital, and I further authorize the hospital and its medical staff to provide treatment deemed necessary by them for my well being. The physicians, organizers, officers, directors, agents, or employees of the Carrollton Parks, Recreation, and Cultural Arts Department and/or City of Carrollton are hereby release, acquitted, and discharged from any claim for damage or suit by reason including transportation to or from the event/or any program, and in that regard, I hereby covenant that on my behalf not to file a claim or suit with respect to any such injury or damage against the above individuals and fully understand the provisions of the above releases. I hereby agree that I will be bound thereby.

SIGNATURE OF PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_\_

The Carrollton Parks, Recreation, and Cultural Arts Department does not discriminate on the basis of handicapped status or access to, or treatment, or employment in, its programs or activities.

R/M/L/forms/Revised 2/13/06

IS HANDICAP ACCESS NEEDED?    YES            No
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