

ODEM PARK AND RECREATION PROGRAM

1 Owl Square, Odem TX. 78370
(361)368-9088 Fax (361)368-9088
e-mail *rayl@oeisd.org*

Participants Name: _____
Last First M.I.

Parent or Guardian: _____

Address: _____

Home Phone #: _____ Age: _____ Date of Birth: _____

Doctor's Name: _____ Phone Number: _____

Name of Activity: _____

No Refunds on Swim Lessons

Make-up Days for Rain Only

Do you have any medical condition, which may inhibit your participation in any physical activities? (IF YES, EXPLAIN)

Are you currently taking any type of medication? (IF YES, PLEASE LIST)

LIABILITY RELEASE

In consideration of your accepting my registration for this Park and Recreation Program, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims for damages I may have against ODEM EDROY ISD. I also further agree to defend, indemnify and hold harmless the ODEM EDROY ISD employees, agent(s), representative(s) and volunteer(s) and assign for any and all injuries suffered by my participation in this program. Additionally since risk of injury or death is inherent to any form of physical activity, I am advised to consult a physician prior to participating in this program.

Signature: _____ Date: _____