BEER RUN RELAY TEAM PUZZLE RACE TEAM COMPETITIONS REGISTRATION FORM

MANAGER NAME:

ADDRESS:	CITY:	ZIP :
PHONE NUMBER:		
EMAIL ADDRESS:		CITY OF
TEAM NAME:		
REGISTRATI	ON DEADLINE: JULY	3RD EST. 1882
Name	Name	
Player 1	Player 2	
Player 3	Player 4	DELTA RECREATION

X	DIVISION	DAY	TIME	ACTIVITY #	FEE
	BEER RUN RELAY	SAT. 7/6	2:00PM Start	206200-H	\$20
	PUZZLE RACE	SAT. 7/6	1:00PM Start	206200-J	\$20

WAIVER

I, the below signed as an adult (or the parent of), do hereby release the City of Delta, its agents or employees, from liability for any injuries or damages which may result to myself (my child) as a result of the participation of myself (my child) in the City of Delta Recreation Program. Further, the applicant agrees to save and hold harmless the City of Delta, its officers, agents, or employees, for any damages or personal injury which may result from activities occurring on the property of the City of Delta which is used in conjunction with the Delta Recreation Program.

I also release the rights of any pictures or videos taken of my child and team in conjunction with this program to the City of Delta. I fully acknowledge and accept the rights of the City of Delta to use such materials as pictures and videos in platforms such as, but no limited to, the City of Delta's social media accounts, website, and local newspaper ads/stories.

SIGNATURE:

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Ι,	H		