



NEW SMYRNA BEACH RECREATION DEPARTMENT

ADULT REGISTRATION CARD

Name _____

Address _____

Email _____

Home# _____ Cell# _____

Resides within City of New Smyrna Beach limits: yes no

PLEASE READ AND SIGN BELOW: I wish to be allowed to participate in or be a spectator at recreational or sports activities sponsored by the Recreation Department of the City of New Smyrna Beach. I understand that the City does not carry medical insurance coverage for any spectator or participant nor will it be liable for any injury suffered by (him/her). I further agree to release and hold harmless the City from any liability for its negligence or negligent acts or omissions in connection with the programs. I, therefore, also agree that if (he/she) is allowed to participate in or be a spectator at said activities, and if I wish medical insurance coverage, it will be my obligation to provide it, and that neither I, nor my personal representative, will make any claim against the City, its agents or employees, for any injury or death sustained by him/her in connection with the program.

PHOTO RELEASE: by signing this form, I give the City of New Smyrna Beach permission to publish or use video images, photographic portraits or pictures of me, along with my name, for art, advertising, trade, public information or any other lawful purpose. I waive inspecting and/or approving the finished product or the copy that is used or any compensation in connection with the publication.

Program	Date Paid	Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Annual User fee paid for the year: Date _____

Signature _____ Date _____ Amt. _____