

'Just For Kids' Fishin' Day

Registration Form



Participants Name: _____ Age: _____

2nd Child: _____ Age: _____ 3rd Child: _____ Age: _____

4th Child: _____ Age: _____ 5th Child: _____ Age: _____

Phone: _____

Address: _____

City: _____ State: _____

Zip: _____

Email: _____

WAIVER OF RESPONSIBILITY

IN PARTICIPATING IN THE 'JUST FOR KIDS' FISHIN' DAY, I MYSELF, MY EXECUTORS, ADMINISTRATORS, AND ASSIGNS, DO HEREBY RELEASE AND DISCHARGE THE IRMA LEWIS SEGUIN OUTDOOR LEARNING CENTER, CITY OF SEGUIN, TEXAS PARKS AND WILDLIFE, AND ALL OF THEIR EMPLOYEES, AFFILIATES AND REPRESENTATIVES, AND ALL COOPERATING BUSINESS AND ORGANIZATIONS FROM ANY AND ALL CLAIMS OF DAMAGES, DEMANDS, ACTIONS, AND CAUSES OF ACTIONS WHATSOEVER, IN ANY MANNER ARISING OUT OF MY PARTICIPATION OR THAT OF MY CHILD(REN) AT THIS EVENT. I ALSO GIVE FULL PERMISSION FOR USE OF MY CHILD'S NAME AND PHOTOGRAPH IN CONNECTION WITH THIS EVENT WITHOUT COMPENSATION.

Parent/Legal Guardian Signature: _____ Date: _____

(required)