



City of Gainesville
Department of Parks, Recreation and Cultural Affairs
Wellness Center Registration Form
Martin Luther King, Jr. Multi-Purpose Center

Participant Information (Please Print)

NAME _____ SEX _____ RACE _____ DOB ____/____/____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE (____) _____ - _____ WORK PHONE (____) _____

MEDICAL CONDITIONS OR ALLERGIES _____

IN CASE OF EMERGENCY NOTIFY:

NAME _____ PHONE (____) _____

ADDRESS _____ CITY _____ ZIP _____

(Check if your information cannot be release because of your employment – firm, rescue, police, etc. ____). This information is used solely to track the diversity of participation in our program.

PARTICIPATION AGREEMENT

I AGREE THAT THIS INSTRUMENT IS FOR REGISTRATION AND NOT FOR INSURANCE COVERAGE. I FURTHER AGREE TO HOLD HARMLESS THE CITY OF GAINESVILLE, ITS AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY AND OF EVERY KIND AND SORT WHICH MAY OCCUR BECAUSE OF PARTICIPATION IN THIS PROGRAM EXCEPT FOR THAT CAUSED SOLELY BE GROSS NEGLIGENCE OF THE CITY. IT IS UNDERSTOOD AND AGREED THAT THE DEPARTMENT OF PARKS, RECREATION AND CULTURAL AFFAIRS RESERVES THE RIGHT TO DISMISS ANY PARTICIPANT FOR JUST CAUSE. I FURTHER AGREE TO RETURN ANY AND ALL PROPERTY ISSUED TO ME, UPON THE EXPIRATION OF THIS ACTIVITY, OR WHENEVER I HAVE CEASED PARTICIPATING IN THIS ACTIVITY.

SIGNATURE _____ DATE _____

PLEASE NOTE: There will be ABSOLUTELY NO REFUNDS given 10 working days after registering

OFFICE USE ONLY

Participant Registration: 1 Year ____ 6 Months ____ Senior: Yes ____ No ____

START DATE ____/____/____ END DATE ____/____/____

RECEIPT # _____ AMOUNT _____

RENEWAL INFORMATION HERE: _____