2019 District Three Recreation Hike & Trail Series October 5, 12, 19, @ 6:30am



Registration Form ONLY (PRINT & Complete Entire Form)

Name:	Phone:			District #:		
Physical Address:						
City:	State:	ZIP Code:	Circle One:	Male	Female	
Emergency Contact:						
Name:	Relation:		Phone:	Phone:		
("the Community") the Gila Rive ("the Community") the Gila Rive Trail Series and its members, The immunity from suit with respect In consideration of the opportun & Trail Series, I assume all risks of participation in such activities of Recreation Hike & Trail Series ever group associated with the District assigns, personal representative individual and/or group associated in District Three Recreation Hike hereafter accrue. I understand this release of liability have an attorney review it. I have an attorney review it. I have an attorney review on my ow Three Recreation Hike & Trail Series ("Trail Series exercity").	er Indian Comme Gila River Into any claims, of injury, illness or services. Further if they arise ext Three Recreates and next of ed with the Distings for damage & Trail Series and Ity is a legal daye read this regard this regard this regard they are and they are an are and they are an	nunity District Three ndian Community Er demands, or causes of the in activities and so the in activities and so the in activities and any other, I assume all rist from the negligence ation Hike & Trail Ser kin, hereby release strict Three Recreati es which may arise of activities or services, ocument by which I elease of liability can release of liability can	staff, the District Three imployees have not waive of action that may be asservice at the District Three in personal or property look associated with using of the Community, or any ries. I, for myself and on I from all liability the Coon Hike & Trail Series. I will be ut of or in connection with including existing claims may be bound and that refully, I understand all a valid for as long as I pair	Recreation and their see Recreass arising the District pehalf of mmunity waive, relation any walve and walve the of its terror any walve the of its terror and walve the o	in Hike & covereignme. tion Hike from my ict Three al and/or my heirs and any ease and cicipation hich may be right to ms, and	
SIGNATURE OF PARTICIPANTS PARENT AND/OR GUARDIAN			DATE			

District Three Recreation 31 N. Church St. Sacaton AZ, 85174 520-562-2706 / 520-562-2724

(IF LESS THAN 18 YEARS OF AGE)