

TOWN OF GENOA REGISTRATION FORM

▶ PAYEE / ADULT INFORMATION PLEASE PRINT AND FILL OUT COMPLETELY IF NEW REGISTRATION OR IF INFORMATION HAS CHANGED.

Adult Last Name _____ Adult First Name _____

Gender Male Female Home Phone Work Phone Cell Phone

Street Address or P.O. Box _____ City _____ Zip Code _____

Emergency Contact & Phone # _____ email for future notification _____

▶ PARTICIPANT AND COURSE INFORMATION (attach additional sheets if needed)

Participant Name	Course # and Title	D.O.B.	Start Date	Fee

Please make checks payable to TOWN OF GENOA. Total \$ _____

▶ PAYMENT

Check # _____ Cash \$ _____

Visa MasterCard _____ - _____ - _____ exp. ____ / ____

Code _____ (Visa, Mastercard or debit holder code is the last three digits on the back of your card.) Signature for Credit Card _____

▶ WAIVER





PLEASE READ AND SIGN WAIVER. REGISTRATION WILL NOT BE PROCESSED UNLESS THE WAIVER IS SIGNED

In consideration of accepting this registration, and to the extent permitted by law, I hereby agree to release, indemnify, defend and hold harmless on behalf of myself (and any minor children for whom I have the capacity to contract) the Town of Genoa and its officers, clients, agents and employees from and against any and all liabilities, claims, penalties, losses, or expenses (including attorney's fees), of any kind or nature whatsoever, whether related to bodily injury, property damage or any other form of injury or loss to myself (and to any minor children for whom I have the capacity to contract), caused by any negligent act or omission of the Town of Genoa or its officers, clients, agents or employees, arising out of, or in any way related to participation in the activity for which I (and any minor children for whom I have the capacity to contract) am registering. I acknowledge that the activity to which this release applies can be dangerous and as a result of signing below, I am accepting those risks for myself and for any minor participants for whom I can contract.

I give permission to the Town of Genoa to take photographs of me or my children while participating in this activity for use in future Town publicity and understand I will not receive any compensation for such use.

I certify that I have read and understand this Waiver and release. X _____ Date _____
(Parent or guardian must sign for participants under 18 years of age.)

▶ DELIVERY METHODS: 4 WAYS TO REGISTER

FAX: 775-782-2779 	PHONE: 775-782-8696 	WALK-IN: TOWN OFFICE 2289 Main Street 	MAIL: PO BOX 14 GENOA, NV 89411 
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For info call 775-782-8696

Genoa Connection/Summer 2008