



WILD OZARK REGISTRATION FORM



PARTICIPANTS INFORMATION

First Name: _____

Last Name _____

PARENT/GUARDIAN INFORMATION

FATHER

MOTHER

First/Last Name: _____

Address: _____

City / State/ Zip: _____

Email: _____

First number to call (____) _____

Text capability _____ yes _____ no

Second number to call (____) _____

Text capability _____ yes _____ no

Parental Authorization

We, the parent(s)/guardian of the above named participant in the City of Ozark Youth Program hereby give our approval to his/her participation in any and all activities. We assume all risks and hazards associated with such participation, including transportation to and from activities, and we hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Ozark, all program organizers, sponsors, supervisors, participants and persons transporting our son/daughter to and from all activities from any claim arising out of an injury to our son/daughter. We also give permission for our son/daughter's name and/or image to be used for marketing or media purposes by picture, voice, stories or other media methods to be used in newspapers, magazines, radio, internet and/or other sources to promote city programs. We understand that this is an educational event with live animals, we will not hold the City of Ozark, or the presenters liable, and we assume all risk associated with this presentation.

Parent/Guardian's Signature: _____

Date: _____

****Registration fee is non-refundable****

OFFICE USE ONLY

Receipt #: _____

Amount: _____