

**Twin Rivers Water Park**  
**Family Fun Run/Walk Registration Form**  
**1.5 mile route**

**2019**

\$8 per family for PCC Members ; \$13 per family for Non-members  
 (Immediate family members only)

**Head of Household Information:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

We invite people of all abilities to participate in our programs. If you need special assistance please mark this box:

OFFICE USE:	
Staff Initials _____	Amount Pd. _____
PCC Member _____	Non-member _____
Cash _____	Check# _____ CC _____
<i>Checks payable to Plattsmouth Community Center</i>	

First Name	Last Name	Shirt Size	Plan to Swim After: Yes or No

**Release of Liability**

By signing this form, I waive, release and forever discharge the Plattsmouth Recreation Department and its directors, officers, agents, employees, representatives, successors and assigns, administrators, executors and all others from any and all responsibilities or liability from injuries or damages resulting from participation in this activity. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself or household. I understand the inherent risk of injury when participating in strenuous activities and that I should contact a physician prior to participating in strenuous activities.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_