



Brenham Waves Registration Form

Information:

Athlete Name	Gender	Date of Birth
E-Mail		Phone #
Parent/Guardian Name		Phone #
E-Mail		
Address		
City	State	Zip

Liability Release

I assume that all risks associated with my participation in the City of Brenham aquatic program and I do hereby, on behalf of myself and my heirs, executors, administrators, successors and assigns, in consideration of being allowed to participate, waive all claims against the release and agree to hold harmless the City of Brenham and their respective directors, officers, agents, employees, successors, and assigns, and all those in any way connected with the running and management of the program, from and against any damages, liabilities, actions, causes of actions, losses, costs, expenses claims and demands arising out of or in connection with my participation, including without limitation, death, any death, personal injuries or loss of, damage to or loss of use of property which may be the result of negligence on the part of the City of Brenham.

Signature: _____ Date: _____