

## Detroit Parks & Recreation Department STAY Fit for Health Run Volunteer Registration Form

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Name (		Date of Birth (MM/DD/YYYY)		Gender	
Address		City	;	State	Zip Code
Phone Number A	Alternate Number	Email			
<b>Emergency Contact Info</b>	rmation				
Name		Relati	onship		Phone Number
<b>Medical Information</b> List	any Medical Condition and	d/or Restrictions			
Event: Saturday, July		Areas (will be ass tation, Start/Finisl		Down, Race I	stration, Water Route, Kids Zone,
Select All That Apply			v chaor rare	a, 5 ta 5 t	
$\Box$ 5:00 am – 9:00 am	$\Box$ 7:00 am – 11:00 an	m □ 9:00 aı	m – 1:00 pm	□ 11:00 a	am – 3:00 pm
Mail completed form to D Detroit, MI 48235 or ema		-	c/o STAY Fit F	or Health   18	100 Meyers Rd
By signing I agree that the Detr sees fit and based on the best in policies of the City of Detroit an Registration Form is true and act the City of Detroit, its officers, charges and expenses (including imposed upon, incurred by or a Detroit Parks & Recreation De Department, City of Detroit and use at its discretion, interviews, own or a fictitious name, includ documentary, promotional, telev waive any and all rights to inspect which it may be applied. I hereb including but not limited to blur intentional or otherwise, that m resulting in the completion of the	terests of the Detroit Parks d the Detroit Parks & Recrecurate to the best of my known the parks againg without limitation, fees an asserted against myself and partment as described here for its contractor the absolution, radio or film coverage and for approve the finish y release, discharge and agring, distortion, alteration, of ay result or which may be	s & Recreation Department. I cowledge. I agree at my ast and from any and and expenses of attorned for the City of Detroited in I further hereby the and unconditional natis, or pictures of me, in color or otherwise, in e or any other lawful phed product or the coloe to hold Released Papptical illusion resulting	ament or City of De also agree that all a own expense to det all liabilities, obligatelys, expert witnessed by reason of or reauthorize and consight and permission or in which I may be unade through any purpose whatsoever by that may be used the true of the	etroit. I agree to information subrifend, indemnify, ations, damages, and other consesulting from my sent to the Detroit to collect, copybe included in where the consections and against any mposite form, where the consections and against any mposite form, where the consections are the consections and against any mposite form, where the consections are the consections are the consections and against any mposite form, where the consections are the consections are the consections.	o abide by all rules and mitted in this Volunteer save and hold harmless penalties, claims, costs, sultants) which may be y volunteering with the bit Parks & Recreation right and/or publish, or nole or in part, or in my dvertising, trade, visual nsation to me. I hereby therewith, or the use to all liability whatsoever, hether the same shall be
Volunteer's Signature	Date	e			
	~ DO NOT WE	RITE BELOW (Office	ce Use Only) ~		
Department Representa	tive (print name)	Date Rece	eived D	oate Contact / C	Confirmed
Area Assignment	Assignment	Time Area A	Assignment	Assignn	nent Time