LIBERTY LAKE Battle Of The BRANCHES

REGISTRATION FORM

☐ Individual/Family ☐ Business

Contact Name: _____

Business Name (if applicable): _____

E-Mail Address: _____ Phone: _____

Mailing Address: _____

Theme (if known): _____

Team Name: _____

Come up with something fun and creative for your team's name, it will help make the entire event more enjoyable and memorable.

Assumption of Risk, Waiver, and Release

I understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death, or other harmful consequences may arise directly or indirectly from my participation in this activity. Being fully informed as to these risks and inconsideration of Liberty Lake Parks and Recreation allowing me to participate in this activity, I assume all the risks of injury, damage and harm which may arise from my participation in this activity. I further agree to release and hold harmless the City of Liberty Lake, its officials, employees, volunteers and agents and agree to waive any right of recovery that I may have to bring a claim or lawsuit for damages against the City of Liberty Lake for any personal injury, death, or other harmful consequences my voluntary participation in this activity.

Signature: _____ Date: _____

The City of Liberty Lake