Date: Amount Paid:	FOR STAFF USE ONLY New or Replaced Members	ship (circle) Staff:
Lee County Parks &	Recreation Family Membership App	lication (same household)
Adult 1: First Name:	Last Name:	Birth Date (M/D/Y):
Address:	City:	State: Zip:
	Home Phone #(s):	
Work Phone #(s):	Cell #(s):	
	Last Name:	
	M or F	
	M or F	
	M or F	
Emergency Contacts (other than Parer Name:	nt/Guardian listed above) Relationship: Relationship:	Phone #:
	PARKS AND RECREATION PARTIE	
acknowledge that there may be certain to assume the full risk of any injurie participation. I further agree to waive child/ward as a result of participating officers, employees, and volunteers (I discharge the Parties from any and al which may accrue to me or my minor programs/activities.  I indemnify and hold harmless use of county property or participation its employees and/or agents from a child's/children's use of county proper under general law.	luding transportation services/vehicle open risks involved in participating in park prosests, damages or loss, that my minor child/and relinquish all claims I or my minor child/and relinquish all claims I or my minor child/and relinquish all claims I or my minor child in such program/activity against the Contereinafter collectively referred as "Partical claims for injuries, damages, or loss the child/ward and arising out of, connected as Lee County, any of its employees and/on in any county programs. I will further in all costs, expenses and liabilities resulterty and/or participation in county programs. I will further in myself or my child/ward to be photographs or other types of methods.	rograms/activities, and I voluntarily agree ward or I may sustain as a result of said ild/ward may have or accrue to me or mounty, including their respective officials es"). I do hereby fully release and foreve at my minor child/ward or I may have or with, or in any way associated with these ar agents from any and all claims from my demnify and "hold harmless" the County ting from any claim brought from my times to the extent of the County's liability appeal or recorded in connection with any

Participant Printed Name

Witness Printed Name

Participant Printed Name