

**Roy City & Division of Wildlife Resources  
Registration and Release Form  
Fishing Club**

Participants Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Work: \_\_\_\_\_  
School: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Shirt size:(Circle One) **Youth:** M L XL **Adult:** XS S M L XL XXL  
Do you have your own fishing pole? Yes \_\_\_\_\_ No \_\_\_\_\_

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**Volunteer Information**

Are you willing to be a Volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

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**Liability Release and Parental Consent Form**

In consideration of the acceptance of my application for the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or death which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance the Utah Division of Wildlife Resources, the city of Roy, its officials, officers, employees, volunteers and agents for liability, even though that liability may arise out of negligence on the part of persons for entitles mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

**Parental Consent**

(Complete if applicant is under 18 years of age)

I give consent for my child \_\_\_\_\_ to participate in the above activity, and I execute the above liability release on their behalf.

**Consent for Treatment**

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that the Roy Parks and Recreation Department will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

**I have read and understood the foregoing registration liability release and parental consent form, and agree to all of it's terms and conditions.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**By signing you agree:**

In event of a failure to pay for services the customer shall pay any and all collection cost, and attorney fees including 18% interest for failure to pay for services. The city exercises the right to discontinue services at it's election.

**\*Returned check are assessed a \$20.00 fee**

Receipt Information

Date: \_\_\_\_\_ Amount \_\_\_\_\_

Cash: \_\_\_\_\_ Check#: \_\_\_\_\_

Recreation Employee Initial \_\_\_\_\_