City of Orange Beach Aquatics Center (251) 974-7946

Lifeguard Registration Form

Name			
Age:			
Addr	ess:		
Phone	e:		
Paren	t's Name/Er	mergency Contact:	
Fee:	\$145.00	Method of Payment Cash Check_	

Waiver of Liability

I, ______ Lifeguard Program Participant, do hereby waive any and all claims, damages, or liabilities against the City of Orange Beach and its agents, servants, and employees from any harm or loss of said participant. In Acknowledgement of this waiver, I recognize that the Lifeguard participant may be participating in training and events that he/she could be harmed if he/she does follow all rules and directions of the Lifeguard Instructors. Therefore it will be the responsibility of the said participant for any and all liability and or injuries and results of injuries and or loss.

Lifeguard Participant	Date	
Parent or Guardian	Date	
<u>OI</u>	OFFICE USE ONLY	
Staff initial:	Date entered:	
Check #:	Cash	