



CLEARWATER PARKS & RECREATION DEPARTMENT
CORPORATE EMPLOYEE PROCESSING FORM

Office Use Only
Date Initials
Received:
Approved:
Contacted:

Please Print Clearly:

Name of Corporation/Business: Contact Person:

-All Applicants must be a current employee of the Corporation/Business-

WAIVER OF RELEASE OF LIABILITY

By its nature, participation in recreational activities can include a risk of injury. Consider your physical fitness and training, rules and regulations, safety practices and associated risks when participating in the recreational activity of your choice.

Since the City of Clearwater is not aware of my physical condition or training for various activities and in consideration of the benefits and opportunities afforded to me by participation in activities sponsored by the City of Clearwater, I state as follows: If I should suffer an injury or illness as a participant, I authorize City representatives to use their discretion to have me transported to a medical facility for treatment and I take full responsibility for this action and agree to pay any expense incurred for this treatment. I further agree to indemnify and save and hold harmless the City of Clearwater, its employees or agents for any personal injury I might incur during participation in recreation activities.

Form section 1: First Name & Middle Initial, Last Name, Date of Birth, Home Address, City, State, Zip, Home Telephone #, Emergency Telephone #, Emergency Contact Person, Acknowledgement Signature, Office Use Only Card #

Form section 2: First Name & Middle Initial, Last Name, Date of Birth, Home Address, City, State, Zip, Home Telephone #, Emergency Telephone #, Emergency Contact Person, Acknowledgement Signature, Office Use Only Card #

Form section 3: First Name & Middle Initial, Last Name, Date of Birth, Home Address, City, State, Zip, Home Telephone #, Emergency Telephone #, Emergency Contact Person, Acknowledgement Signature, Office Use Only Card #

Form section 4: First Name & Middle Initial, Last Name, Date of Birth, Home Address, City, State, Zip, Home Telephone #, Emergency Telephone #, Emergency Contact Person, Acknowledgement Signature, Office Use Only Card #

Form section 5: First Name & Middle Initial, Last Name, Date of Birth, Home Address, City, State, Zip, Home Telephone #, Emergency Telephone #, Emergency Contact Person, Acknowledgement Signature, Office Use Only Card #