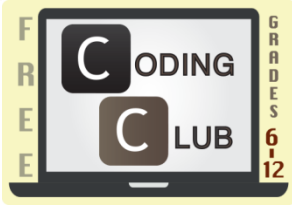




# Coding Club Registration Form

ANDERSON ABRUZZO ALBUQUERQUE INTERNATIONAL BALLOON MUSEUM



**Drop off or mail registration form to:**  
 9201 Balloon Museum Dr. NE  
 Albuquerque, NM 87113  
 Registration questions: (505)768-6020

**Parent/Adult Contact Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email address (for program updates): \_\_\_\_\_

Yes, I would like to subscribe to your Newsletter.

First Local Emergency Contact: \_\_\_\_\_

First and Last Name

Phone #1

Phone # 2

Second Local Emergency Contact: \_\_\_\_\_

First and Last Name

Phone #1

Phone # 2

| Participant's First & Last Name | Gender | Birth Date | Grade | Activity Name/Dates                                     | Fee         |
|---------------------------------|--------|------------|-------|---|-------------|
|                                 |        |            |       | <b>CODING CLUB<br/>Tuesdays<br/>10.22.19 – 02.25.20</b> | <b>FREE</b> |

Please indicate any allergies, medications taken by participant, disabilities/special needs, or accommodations needed below. We may contact you for additional information.

Needs/Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor's name: \_\_\_\_\_ Doctor's phone #: \_\_\_\_\_

Transportation details: \_\_\_\_\_

\_\_\_\_\_

Who is authorized to pick up participant? \_\_\_\_\_

Official Notes: \_\_\_\_\_

**Date received:** \_\_\_\_\_ **Payment amount received:** \_\_\_\_\_ N/A

**Cashier Name:** \_\_\_\_\_ **Payment Type:** \_\_\_\_\_ N/A

**Please complete the liability release on page 2. →**

## Release of Liability & Assumption of Risk

In consideration of the acceptance by the City of the application for entry into the classes or activities listed on the Registration Form on the reverse side of this Agreement and entry to and use of any facilities or equipment as part of these classes or activities, I hereby waive, release and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said classes or activities. This release Agreement is intended to discharge in advance the City of Albuquerque, its officers, agents, and employees, from and against any and all liability arising out of or connected with my participation in said classes or activities and entry to and use of any facilities or equipment, even though that liability may arise out of NEGLIGENCE or CARELESSNESS, on the part of the persons or entities mentioned above.

I HAVE READ THE DESCRIPTION OF EACH CLASS OR ACTIVITY FOR WHICH I HAVE REGISTERED, AND I AM AWARE THAT THESE CLASSES OR ACTIVITIES MAY SUBJECT ME TO PHYSICAL RISKS AND DANGERS. NEVERTHELESS, I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH, AND TO RELEASE, DISCHARGE, AND HOLD HARMLESS ALL OF THE ENTITIES OR PERSONS MENTIONED ABOVE WHO, THROUGH NEGLIGENCE OR CARELESSNESS OR ANY OTHER CAUSE, MIGHT OTHERWISE BE LIABLE TO ME, OR MY HEIRS, PERSONAL REPRESENTATIVES, RELATIVES, SPOUSE OR ASSIGNS.

It is understood and agreed that this waiver, release, and assumption of risk is to be binding on my HEIRS, PERSONAL REPRESENTATIVES, RELATIVES, SPOUSE and ASSIGNS and is intended to be as broad and inclusive as is permitted by the laws of the State of New Mexico and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully READ this Agreement and fully understand its content. All participants registered in classes or activities, including minors 13-17 years of age, must sign this Agreement. Adults participating in Parent-Child Activities must sign below as adult participants in addition to the parent portion of this release Agreement.

ADULT PARTICIPANTS, INCLUDING THOSE PARTICIPATING IN PARENT- CHILD CLASSES, SIGN BELOW.

Signature: \_\_\_\_\_

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

PARTICIPANTS, AGE 13-17, SIGN BELOW

Signature: \_\_\_\_\_

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

### To be completed by parent or guardian of minor participants

I have fully read this Agreement and fully understand its content. I certify that I have custody or am the legal guardian of said minor and that I and/or my minor child are physically able to participate in recreation. In the event I or said minor requires medical treatment while under the supervision of City staff and/or agents, I authorize said staff to provide and/or authorize medical treatment. I expect City staff to contact me immediately in the event emergency medical treatment is required for said minor, but this contact is not necessary to administer emergency aid. I will pay for all medical treatment which I or said minor may require.

I, the undersigned, irrevocably grant permission, without restriction, to the City of Albuquerque ("City"), the Anderson-Abruzzo International Balloon Museum ("Balloon Museum"), and their photographers, employees, officials, agents and assignees, to capture and reproduce, distribute, perform, display, and otherwise exploit ("Use"), either in digital, print, or any other medium now known or later discovered, photographs, motion pictures, and sound recordings of me and/or my minor child, as well as our name, image, and likeness, for advertising, news, and promotional purposes.

I hereby release and discharge the City and Balloon Museum and their photographers, employees, officials, agents, and assignees\_ from all and any claims and demands ensuing from or in connection with Use of the photographs, motion pictures, and sound recordings, as well as names, images, and likenesses, including but not limited to any and all claims for libel and invasion of privacy.

I, by my signature below, represent and warrant that I am the parent/authorized legal guardian of the below-named child, and that I have read, understand, and agree to the above terms.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print parent/guardian name: \_\_\_\_\_

Address: \_\_\_\_\_

Please indicate whether you are signing as:  Parent or  Guardian.