

# REGISTRATION FORM

Each of the undersigned, with the intention of binding himself or herself and any other persons for whom his or her signature is requested as parent or legal guardian, and the heirs, executors, administrators, and assigns of the undersigned or said other persons, does hereby knowingly and voluntarily release and discharge the County of Ocean and its officers, employees and agents, from any and all claims, demands, actions, judgements, and executions which each of the undersigned or the persons for whom his or her signature has been requested ever had, or now has, or may have or claim to have out of participation or any activity conducted, sponsored or approved by the Ocean County Parks and Recreation Department or the County of Ocean whether occasioned by the negligence of the county, its officers, agents or employees, or otherwise.

This Release and Waiver is given in consideration of the efforts of the County of Ocean in making these activities available to undersigned of the person for whom his or her signature is requested as parent or legal guardian and allowing the undersigned or such person to participate in these activities.

Each undersigned declares that prior to the execution of this Release he or she apprised him or herself of sufficient relevant data in order to intelligently exercise his or her own judgement in deciding whether to execute this Release and he or she further declares that this decision was not predicated on or influenced by any declarations or representations of the County of Ocean or its agent, officers or employees.

Each undersigned expressly agrees that the foregoing Release and Waiver is intended to be as broad as is permitted by the laws of the State of New Jersey and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full legal force and effect.

EACH UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF ALL LIABILITY.

I need a reasonable modification for a disability to enjoy this activity  
☐ Yes ☐ No

Upon completion of this application, please sign the Claimant's Certification & Declaration box below. In the event a program refund is necessary, for programs costing more than \$15.00 per person, this application will serve as a County Refund Voucher.

County of Ocean - Parks & Recreation Vendor Claimant's Certification & Declaration I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that no bonus has been given or received by any person or persons within the above claim; that the amount therein stated is justly due and owing.

It is understood and agreed that park visitors and participants in Ocean County Park System programs, activities, and events may have their names and pictures used, without fee, in broadcast, telecast, and print media accounts for promotional and publicity purposes.

Participant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Today's Date

Event #: \_\_\_\_\_ Refund Amount \_\_\_\_\_ Refund Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Event #: \_\_\_\_\_ Refund Amount \_\_\_\_\_ Refund Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**CUSTOMER:** please print the following information and return the entire signed and completed application to the address noted below.

## OCEAN COUNTY PARKS & RECREATION PROGRAM REGISTRATION APPLICATION

LAST \_\_\_\_\_ FIRST \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 APT #/BUILDING \_\_\_\_\_ TOWN \_\_\_\_\_  
 STATE \_\_\_\_\_ ZIP \_\_\_\_\_ 4 DIGIT EXT. \_\_\_\_\_  
 HOME # ( ) \_\_\_\_\_  
 WORK # ( ) \_\_\_\_\_ EXT #. \_\_\_\_\_  
 EMERGENCY # ( ) \_\_\_\_\_ CELL # ( ) \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_  
 Total Amount Enclosed: \$ \_\_\_\_\_ Check # \_\_\_\_\_

Make check payable to "COUNTY OF OCEAN" and mail to: Ocean County Parks & Recreation,  
 ADMINISTRATIVE OFFICE 1198 Bandon Road, Toms River, N.J. 08753-3138

| PROGRAM #                          | TITLE | LOCATION | TIME / DATE |
|------------------------------------|-------|----------|-------------|
| Last Name/First:<br>Date of Birth: |       |          | FEE:        |
| Staff Use:                         |       |          |             |
| PROGRAM #                          | TITLE | LOCATION | TIME / DATE |
| Last Name/First:<br>Date of Birth: |       |          | FEE:        |
| Staff Use:                         |       |          |             |
| PROGRAM #                          | TITLE | LOCATION | TIME / DATE |
| Last Name/First:<br>Date of Birth: |       |          | FEE:        |
| Staff Use:                         |       |          |             |
| PROGRAM #                          | TITLE | LOCATION | TIME / DATE |
| Last Name/First:<br>Date of Birth: |       |          | FEE:        |
| Staff Use:                         |       |          |             |
| PROGRAM #                          | TITLE | LOCATION | TIME / DATE |
| Last Name/First:<br>Date of Birth: |       |          | FEE:        |
| Staff Use:                         |       |          |             |
| PROGRAM #                          | TITLE | LOCATION | TIME / DATE |
| Last Name/First:<br>Date of Birth: |       |          | FEE:        |
| Staff Use:                         |       |          |             |
| PROGRAM #                          | TITLE | LOCATION | TIME / DATE |
| Last Name/First:<br>Date of Birth: |       |          | FEE:        |
| Staff Use:                         |       |          |             |

← YOU MUST SIGN THE OPPOSITE SIDE OF THIS FORM