



COUNTY OF LOS ALAMOS

RECREATION DIVISION

LAST NAME

FIRST NAME

PARENT/CUSTOMER INFORMATION: (Please Print)

NAME: _____
LAST FIRST MI

ADDRESS: _____
HOUSE # / STREET CITY STATE ZIP

E-MAIL _____

PHONE: HOME: _____ WORK: _____ CELL: _____

DATE OF BIRTH: _____ GENDER: FEMALE MALE

ADDITIONAL FAMILY INFORMATION:

Last Name	First Name	Relationship	DOB	Gender

WAIVER: LIABILITY & PHOTO RELEASE FORM

I, the undersigned, for myself or on behalf of _____, my minor child, enroll in the Hockey Season Pass program offered by the Los Alamos County Recreation Division. I understand the dangers and basic safety rules for activities connected with recreation programs. I release Los Alamos County, its servants, agents and employees from any liability which may arise from my /our participation in the program. I hereby grant full permission to use any photographs, videotapes, motion pictures, recordings, any other record of my participation in Recreation Programs for any legitimate purpose.

SIGNATURE

DATE