

City of Franklin Parks ACTIVITY REGISTRATION FORM Adults 18 and over

PLEASE PRINT!

NAME OF EVENT/PROGRAM		DATE:
Dates of Program:	Day/Times : _	
Full Name:		
Address:	City/State:	Zip:
Email Address		
Home Phone Number:		
Cell Phone Number:		
Fee:	Rec'd	Date
• Special Notes:		s and activities?YESNO
Release and Waiver:		·
agents, servants and employees, fror judgments, losses, expenses, death, b his/her participation in the Activity, n	r release the City of Franklin, it n and against any and all claim odily injury, or damage to pro egligent act, error or omission Participant or the City of Frank	is mayor and alderman, representatives, is or actions of any and all persons for perty which arises from or is a result of whether such claims are based in whole clin for any defect in equipment, any site
		Date
Signature (registration incomplete wi	thout signature)	
Please submit o	completed registration and sig	ned form to:

City of Franklin c/o Programming
Parks Department - P.O. Box 305- Franklin, TN 37065
Phone 615 794-2103 Fax 615 791-3250
Email: parksinfo@franklintn.gov