



Breakfast with Santa Registration Form

West Chester Parks & Recreation Department
410 E. Gay Street, West Chester, PA 19380

The waiver must be filled out before you are able to participate in the Borough of West Chester Parks and Recreation Department Breakfast with Santa. If additional forms are needed, please duplicate. *PLEASE PRINT!*

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Breakfast with Santa Seating: 9:30AM

Cost: \$16 per person

of Adults : _____ # of Children: _____ Amount enclosed: _____

Registration: The registration form above must be completed and mailed or dropped off to the West Chester Parks and Recreation Department. I agree that I will abide by the rules, policies, and decisions of the Borough of West Chester Parks and Recreation Department. I acknowledge and confirm that I have the requisite skills, qualifications, physical abilities, and training necessary for me to safely participate in this recreational program. I recognize the possibility of physical injury to myself if I participate in the West Chester sponsored recreational program. In consideration for the Borough allowing me to participate in this recreational program, I hereby knowingly and voluntarily release the Borough of West Chester and the Borough of West Chester Parks and Recreation Department and all of its agents, employees and officers from and against any and all claims, losses, damage, liability or expense occurring to any of my property or for personal injury or death which may result from my participation in the recreational program, including injury or death that may be caused by the Borough of West Chester and the Borough of West Chester Parks and Recreation Department and all of its agents, employees and officers negligent actions. I assume all liabilities and injury that may result because of my participation in this recreational program.

Signature: _____ Date: _____

If I am the parent/legal guardian, I acknowledge that I am the parent or legal guardian of the registrant and that I have legal authority to bind my child to the terms of this release and waiver.

Parent/Guardian Name: (Please Print): _____ Date: _____

Parent/Guardian Signature: _____ Date: _____