



**City of Roanoke**  
**PARD-Community/Senior Center**  
**312 S. Walnut Street**  
**Roanoke, Texas 76262**  
**Telephone: 817-491-6060**

Participant Name: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Indemnification:

PARTICIPANT assumes all liability and responsibility for and agrees to fully indemnify, hold harmless and defend the City of Roanoke, and its officers, agents, servants and employees from and against all claims, damages, losses and expenses, including but not limited to attorney's fees, for injury to or death of a person or damage to property, arising out of or in connection with, directly or indirectly, the performance, attempted performance or nonperformance of the services referenced herein or in any way resulting from or arising out of the management, supervision, and operation of the program and activities of the PARTICIPANT.

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

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_