



PRIOR LAKE RECREATION FINANCIAL AID APPLICATION

Financial Aid is available for qualifying residents with financial limitations. Aid is granted on a first come first served basis and as funds are available. Applications must be received before the program registration deadline.



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| Parent/Guardian First and Last Name: | |
| Participant First and Last Name: | |
| Address: | |
| Date of Birth: | Phone Number: |
| Email Address: | Medical Concerns & Participant Notes: |
| Emergency Contact Name: | Emergency Contact Phone: |

| Program Name and Dates | First and Last name of person(s) Authorized to pick child up from this program. | Program Fee | Amount Able to Pay |
|------------------------|---|-------------|--------------------|
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Submit this completed form **with** a copy of your Educational Benefits letter from the School District to:
Prior Lake Parks & Recreation, 4646 Dakota Street SE, Prior Lake, MN 55372
or recreation@priorlakemn.gov

SIGNATURE PORTION OF APPLICATION: This form can be filled out and sent to the City of Prior Lake electronically.

Signature: _____
(If under 18 years of age, parent or legal guardian must sign)

Date: _____

Waiver Agreement

I wish to participate in the City of Prior Lake Program (the "Activity"). I state and affirm that:

1. My participation is voluntary. No one is forcing me to participate.
2. I acknowledge the Activity is **NOT** an **ESSENTIAL** service provided by the City.
3. I understand and acknowledge the Activity I am about to voluntarily engage in is as a participant has certain risks, including but not limited to, sprains, strains, bruises, cuts, broken bones, head injuries. I understand these risks known or unknown, anticipated or unanticipated may result in injury, death, illness, disease or damage to myself or my property, or to other persons and their property.
4. In consideration of being allowed to participate in the Activity, I hereby personally assume all risks in connection with the Activity and I hereby agree to hold the City, its officials, employees, agents and contractors harmless

and I waive any right to make claims or bring lawsuits against the City or anyone working on behalf of the City for any injuries or damages related to the alleged negligence of the City.

5. This waiver does not apply to any injuries or damages that are the result of any willful, wanton, or intentional misconduct by the City or anyone acting on behalf of the City.
6. I understand that entering into this agreement affects my legal rights and results in my giving up or waiving certain legal rights and I accept this agreement of my own free will.
7. I am aware of the existence of the COVID-19 virus and the risks inherent in public gatherings, interaction with multiple individuals, and use of City fields and/or facilities.
8. I acknowledge that the City is NOT cleaning, sanitizing or disinfecting fields and/or facilities. All use of fields and/or facilities is at the risk of the user.
9. I hereby assume all risks in connection with use of the City fields and/or facilities and agree to hold its officials, employees, agents and contractors harmless and I waive any right to make claims or bring lawsuits against the City or anyone working on behalf of the City for anything COVID-19 related.
10. I agree to take all appropriate social distancing and other safety measures.
11. The terms of this agreement shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am deceased.
12. My agreement indicates I have read this entire document, understand it completely, acknowledge that it cannot be modified or changed in any way by oral representations, and agree to be bound by its terms.
13. I understand that entering into and signing this agreement affects my legal rights and results in my giving up or waiving certain legal rights and I accept this and sign this agreement of my own free will.

MEDIA RELEASE Authorization for Release of Photographs, Videotape or Film: I (we) hereby consent, authorize and assign any and all rights to the City of Prior Lake its agents, officers, employees and all other persons or entities to whom release or circulation may be made including news and media organizations to use, reproduce, prepare, publish, distribute, exhibit or broadcast photos, videos, film and audio recordings (whether or not edited, retouched, altered or otherwise changed or modified) any picture, portrait, or likeness of me for use in publicity releases in newspapers, the City's website, and any other City publication.

I (we) further consent and authorize the above and others to release or circulate the same in any manner for any and all purposes in any form with or without my name, group or organization or other identification or the names of others covered by this release.

I (we) understand the photos, videos, film and/or audio recordings will be viewed by the general public and that other use may be made of them.

I (we) further agree and consent that the City of Prior Lake and others are not responsible for any misappropriation of the photos, videos, film and /or audio recordings by any member of the general public or anyone else.

I (we) waive all right of privacy or compensation which I (we) may have in connection with such use of my picture, portrait, or likeness by the City.

I (we) have read the foregoing release, authorization, and agreement before signing below and I warrant that I (we) fully understand the contents thereof.

Tennessee Warning: Under the Minnesota Government Data Practices Act (Minn. Stat. § 13.548), some of the data you are being asked to provide, including your name, address, telephone number, and e-mail are private data. This data is used to administer the reservation and contact you regarding rental information. You may choose not to provide some or all of this private data, but it may limit your ability to reserve a facility. Your information will be accessible to City staff and volunteers who need the information to perform their duties as well as other as permitted by law.

OFFICE USE ONLY: Date Application Received _____ Approved ___ Denied ___

Total Amount paid by Scholarship Fund: _____

| Program Code: | Scholarship Amount: |
|---------------|---------------------|
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