



City of West Sacramento Parks & Recreation

1110 West Capitol Avenue, First Floor • West Sacramento, CA 95691

Phone: (916) 617-4620 • Fax: (916) 372-5329

Registration, Waiver of Liability, Medical Release and Indemnification Agreement

NEW Account Change of Information

Name of Participant (Last, First): _____ DOB: _____ Gender: _____

Street Address: _____ City: _____ Zip: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Transportation: _____ Relationship: _____ Phone: _____

This person has my permission to pick up my child

Are there any specific accommodations desired/needed to provide the fullest participation in this activity (as related to medical condition, medicine, allergies; and/or developmental, physical, mental, learning, hearing, visual, or other specific considerations)? YES, please explain _____ NO If YES, please arrange an appointment after registration to further discuss appropriate accommodations. Our goal is to insure the fullest involvement and benefit possible to all participants.

Activity Name	Date	Fee

Waiver of Liability, Medical Release, and Indemnification Agreement for Minor and Adult Participant

In consideration for myself and my minor child(ren) being permitted by the said City to participate in the above listed activity (a more detailed description can be found in the registration system under the activity number and will also be available on your activity receipt) each of us hereby waives, releases, and discharges any and all claims for damages for personal injury, death, or property damage me or my minor child(ren) may sustain or which may occur as a result of my or my minor child(ren)'s participation in said activity. I understand and agree that:

- This release is intended to discharge in advance the said City (its officers, employees, or agents) from and against any and all liability arising out of or connected in any way with the participation of me or my minor child (ren) in said activity, even though that liability may arise out of negligence or carelessness on the part of said City (or its officers, employees, or agents).
- Each of us understands that the described activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity;
- That serious accidents occasionally occur during the above-described activity; and that participants in the described activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof; I also recognize the risk of a concussion in a program to the said minor and acknowledge the City's head injury information sheet prior to the said minors participation in the program listed above.
- Knowing the risks involved, nevertheless each of us agrees to assume all risks of injury and to release and hold harmless the said City (its officers, employees, or agents) who through negligence or carelessness, might otherwise be liable to me or my minor child (ren). It is further understood that this waiver, release and assumption of risk is to be binding on the heirs and assigns of the undersigned. Legal guardians of a participant in a youth sports program acknowledge the risk of concussions and agrees to comply with the City's youth concussion protocol in compliance with California's Assembly Bill 2007.
- Each of us further agrees to indemnify and to hold the said City (its officers, employees, and agents) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage which myself or my minor child(ren) may sustain while participating in said activities, programs and events.
- I certify that I have custody or am the legal guardian of said minor by court order.
- I further agree to reimburse or make good any loss or damage cost that said City (its officers, employees, or agents) may have to pay if any litigation arises on account of any claim made by myself or my minor child (ren) or by anyone on behalf of said minor.
- I agree that in the event said minor requires medical or surgical treatment while under the supervision of said City's recreation personnel in connection with the described activity, such supervisor may authorize treatment.
- I also agree to pay all medical, hospital, or other expenses which said myself or my minor child (ren) may incur as a result of such treatment.
- I expressly permit said minor child to travel by private automobile to activities and events related to the described activity.
- Activities are not childcare as defined by the State of California.
- I give consent to the City of West Sacramento to photograph or videotape me or my minor child (ren). I understand the pictures or video may be included in the promotion of all City programs.
- (SKIP IF COMPLETING FOR AFTERSCHOOL PROGRAM) I, _____ (initial) further agree this Registration, Waiver of Liability, Medical Release and Indemnification Agreement is valid **one (1) year** from date signed.
- (COMPLETE FOR AFTERSCHOOL PROGRAMS ONLY) I, _____ (initial) further agree this Registration, Waiver of Liability, Medical Release and Indemnification Agreement is valid for the 20__ - 20__ School Year.

I have carefully read this Registration, Waiver of Liability, Medical Release, and Indemnification Agreement, and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the said City and I sign it of my free will.

Signature of Adult Participant or Parent/Guardian of Participant _____

Printed Name _____

Date _____