

CITY OF WEST SACRAMENTO PARKS AND COMMUNITY SERVICES

Activity: _____ Dance

Minor (under 18)

In consideration of the minor child being permitted by the above City to participate in the above described activity, each of us hereby waives, releases, and discharges any and all claims for damages for personal injury, death, or property damage which said minor child may sustain or which may occur as a result of the minor child's participation in said activity. This release is intended to discharge in advance the above 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 the minor 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. Knowing the risks involved, nevertheless each of us agrees to assume all risks of injury and to release and hold harmless the above City (its officers, employees, or agents) who through negligence or carelessness might otherwise be liable to me or said minor child. It is further understood that this waiver, release and assumption of risk is to be binding on the heirs and assigns of the undersigned.

Each of us further agrees to indemnify and to hold the above 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 that said minor may sustain while participating in said activity.

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 and loss or damage cost that the above City (its officers, employees, or agents) may have to pay if any litigation arises on account of any claim made by said minor 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 minor may incur as a result of such treatment.

I give consent to the City of West Sacramento to photograph my child. I understand the pictures may be included in Program scrapbooks and/or in the promotion of City programs.

My child and I have carefully read this 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, my child and the above City and we sign it of our free will.

Signature of Child _____ **Print** Child's Name _____

Street Address _____ City _____ Zip _____

School _____ Gender _____ Birthdate _____ Age _____ Grade _____

(Signature only)

Signature of Parent/Guardian: _____ Date _____

Parent Guardian Name (print) _____ Home Phone _____ Cell Phone _____

EMERGENCY INFORMATION (please print)

Emergency Contact (not parent) _____ Relationship _____ Home Phone _____

Doctor's Name _____ Office Number _____

Insurance Coverage _____ Insurance ID # _____

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 [] 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.

****Transportation Information****

____ **The following person will be picking up my son/daughter**

Name _____ Relationship _____ Phone _____

____ **My son/daughter will be walking home.**

Please inform staff of any special instructions