

Participant/Parent Signature

## **Rio Linda Elverta Recreation and Park District**

Activity Name:	Participant's Name:	Birthdate:	
Agreement, Waiver, & Release  In consideration for being permitted by the District to participate in the above-referenced activity, I her discharge any and all claims for damages for personal injury, death, or property damage which I may have accrue to me, as a result of participation in said activity. This release is intended to discharge in advance officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any wa said activity, even though that liability may arise out of active or passive negligence or carelessness on the entities mentioned above.  It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, admin assigns and that I shall indemnify and hold the District (including its officers, employees, volunteers, and a from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with activity.  Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am volun activity and agree to assume any such risks.  VIRTUAL CLASS RELEASE: I hereby warrant and agree, that the conditions of my environment are safe, free suitable for participation in the above-referenced activity. I further understand and agree that any material downlo obtained through my participation in said activity is done at my own risk and the District is not responsible for any or other damage to my personal property, including computers, networks and other property used as part of my property damage to my personal property, including computers, networks and other property used as part of my promotional materials.  PARENTAL/GUARDIAN CONSENT: (to be completed and signed by parent/guardian if Participant is under thereby consent that my son/daughter, (the above-referenced participant), participate in the above-reference execute the above Agreement, Waiver, and Release on his/her behal	Activity Name:	Activity Date:	M/F circle one
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(Parent/Guardian)   Address: City: Zip:   Emergency Contact Person:  Phone:	Name :(PRINT)	Phon	e:
	(Parent/Guardian)		
Medical Limitations:	Medical Limitations:		

Date