



Rio Linda Elverta Recreation and Park District

Participant's Name: _____ Birthdate: _____
(If necessary)

Class/Event: _____ Grade: _____ M / F
(If applicable) circle one

Email Address: _____

Would participant benefit from staff having specialized training or education to assist with successful participation? Does participant have a diagnosis, condition, or disability that may require or benefit from additional staff support for successful participation? Does Participant require any modifications or accommodations in order to successfully participate in programs?

Please check box if any or all questions above apply, and our Certified Recreation Therapist will reach out to you

Agreement, Waiver, & Release

I have carefully read description of class(s)/program(s) for which I/we are registering and in consideration for being permitted by The Rio Linda Elverta Recreation and Park District to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance to Rio Linda Elverta Recreation and Park District, its officers, officials, employees, and volunteers from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is binding to my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or experience, which they may incur as the result of my death or injury, or property damage that said minor may sustain while participating in said activity.

PARENTAL CONSENT: (TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN IF APPLICANT IS UNDER 18 YEARS OF AGE)

I hereby consent that my son/daughter, _____ participate in the above activity, and I hereby execute the above Agreement, Waiver, & Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE FORM AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE RIO LINDA ELVERTA RECREATION and PARK DISTRICT AND I SIGN OF MY OWN FREE WILL.

Name :(PRINT) _____ Phone: _____
(Parent/Guardian)

Address: _____ City: _____ Zip: _____

Emergency Contact Person: _____ Phone: _____
*Other than Name above

Allergies/Medications: _____

Medical Limitations: _____

Participant/Parent Signature

Date

**Furthermore, the undersigned allows any photos taken of participant or family members during participation of any district events or programs to be used in any future promotional materials produced by the District.

Participant/Parent Signature

Date