



# CITY OF COLUSA PROGRAM REGISTRATION & PARTICIPANT WAIVER FORM

**\*NOTE: Participant(s) or legal guardian must complete waiver form in its entirety prior to registration.**

**All class registration is on a first come basis. Priority registration is not offered.**

PARTICIPANTS NAME: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Participant's Name	Birth Date	Class/Program	Program Start Date
			2011

**Complete the following emergency information on whom to contact immediately should the need arise:**

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Indicate special needs due to a physical or mental disability, or any additional requests: \_\_\_\_\_

## CITY OF COLUSA PARTICIPANT'S WAIVER, RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration of permitting the above named participant(s) to enroll in and participate in the above class(es) given, taught or sponsored by the City of Colusa ("CITY"), the Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury (including death) or property damage occurring to him/herself arising as a result of participating in or receiving instructions in said activity or any incidental activities. The Undersigned agrees that under no circumstance will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury (including wrongful death) or property damage against CITY or any of its officers, agents, servants or employees for any of said or officers, agents, servants or employees for any of said or similar causes of action, including those which arise by the negligence of CITY or any of said persons. **IT IS THE INTENTION OF THE UNDERSIGNED BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE CITY FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.** The Undersigned further agrees to defend, indemnify and to hold harmless the CITY, its officers, employees, and agents, from any loss, liability, damage, cost, or expense arising out of the participation in said activity. The Undersigned acknowledges that he/she has been fully and completely advised of the potential dangers incidental to engaging in the activity, fully and voluntarily assumes the risks of engaging in the activity. The Undersigned has read this document and is fully aware of the legal consequences of signing it. Colusa Parks and Community Services Department reserves the right to photograph facilities, activities and program participants for potential future use. All photos remain the property of Colusa Parks and Community Services Department and may be used for publicity and promotional services.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

### CONSENT TO MEDICAL TREATMENT:

I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that the City of Colusa provides no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

Name of Personal Physician \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Signature of Participant or Parent/Guardian: \_\_\_\_\_

**Please return this form with payment to:**

**Colusa Parks & Community Services Dept., 425 Webster Street, Colusa, CA 95932 \* (530) 458-5622**

For City Use Only:

**Cash** \_\_\_\_\_ **Check#** \_\_\_\_\_ **Amount** \_\_\_\_\_ **Date** \_\_\_\_\_ **Initials** \_\_\_\_\_