

Indicate willingness to coach/assistant coach: Name _____ Phone _____



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.

Participant's Name	Birth Date	Grade	T-Shirt Size	Class/Program	Program Start Date

PARENT/GUARDIAN'S NAME: _____

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

Address: _____ City: _____ Zip: _____ M _____ F _____

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 _____

You may write any additional request of the back of this form. You must indicate reason for request. Request may or may not be granted.

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

In consideration of permitting the above named participant(s) ("MINOR") 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 claims or causes of action for personal injury (including death), tort, or property damage occurring to the participant arising as a result of participating in or receiving instructions in said activity or any incidental activities. The Undersigned agrees that this agreement is to be binding on the Undersigned, the Minor as well as the Undersigned and Minor's heirs and assigns. 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 and MINOR 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.

If the participant in the activity is a minor, I, as the parent or guardian of the participant, acknowledge that I have read this Waiver, Release, Assumption of Risk and Indemnity Agreement and sign it on behalf of the participant with full knowledge and understanding of its contents.

Date: _____ Signature of Parent/Guardian: _____

Print Name of Parent/Guardian: _____

CONSENT TO MEDICAL TREATMENT OF MINOR:

I hereby give my consent to have the participant 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 Recreation Dept., 425 Webster St., Colusa, CA 95932 * (530) 458-5622*

For City Use Only:

Cash _____ **Check#** _____ **Amount** _____ **Date** _____ **Initials** _____