



Liability Waiver and Registration Form
 Additional program/activity permission/accommodation slips maybe also required.

Parent/Legal Guardian (Must be 18 years of age or older): _____
(Last Name) (First Name)

Street Address: _____ City: _____ Zip: _____

Primary Contact #: _____ Additional Contact #: _____

Email: _____ Date of Birth _____

Emergency Contact Name: _____ Emergency Phone: _____ Relation: _____

Additional Participants in same household. Each participant 18 and older listed below must also sign and date at the bottom of this form.

Participant Information Under 18				
First Name	Last Name	M/F	Date of Birth	Grade entering 24/25 School Year
1.				
2.				
3.				
4.				

To assure our programs benefit all who attend, **please check the box** if any participant has special needs requiring special accommodations and speak to City of San Pablo staff to ensure we may assist in preparation.

Registration Form for programs

Participant Full Name (One line per participant)	Program name	Dates	Fees

Waiver, Release of Liability, Assumption of Risk and Hold Harmless Agreement

I, the undersigned, certify that I am at least 18 years old; I am [or the minor participant named above is] in good physical condition have not been advised otherwise by any qualified medical practitioner not to participate in any of the types of programs or activities listed above, and voluntarily wish to participate in the Program.

Please check the following that applies to the participants.

- NO - The participant(s) does not have any special needs or conditions that staff should be made aware of.
- YES- The participant(s) does have either an impairment, disability, or some level of special needs that staff, instructors or coaches should be aware of.

If registering multiple participants, please list the name of the participant(s) who need accommodations please name below:

Participant(s) name: _____



I understand that serious accidents occasionally occur during these activities and that participants in these activities occasionally sustain serious personal injuries, death, and property damage. I understand that the risks involved with these activities can include risks from the weather, surface and environmental conditions, equipment conditions, transportation to and from the activities, and interference from nearby activities. I understand that there is a risk of injury from being struck or tripped, or from bodily contact with other participants in this activity or their equipment. I understand that there is a risk of injury to muscles, tendons, ligaments, joints, bones, nerves, and other bodily parts and systems from participating in these activities. I understand that in addition to these risks, there are unpredictable dangers involved in these activities. Knowing all of these risks, I voluntarily desire to participate [or have my minor child participate] in this activity and assume all risks. If I observe [or my child observes] any unusual or significant hazard, I [we] will bring it to the attention of the nearest official immediately and remove myself [my child] from participation if necessary.

In consideration of my [my child's] participation in these activities, I [we] voluntarily release the City of San Pablo and its Council Members, Commissioners, officers, employees, volunteers, contractors, and agents, and any sponsors or promoters of these activities, from all claims, liability, cost, and expense, including attorneys' fees, which I [we] may have or may accrue to me [us], for property damage, injury or death in any way arising from or connected with participation in these activities. This waiver and release is applicable even though the negligent acts of the released parties may have caused or contributed to the injury, death, or property damage.

I further agree to hold harmless, indemnify and defend the City and its officers, employees, volunteers, contractors, and agents, who through negligence or carelessness might otherwise be liable to me (or my heirs or assigns). This waiver, release and indemnity is binding on my [our] heirs, dependents, executors, administrators, and assigns.

In addition, I [we] waive and release the City from any and all claims, causes of action, allegations, or assertions that may arise relating to an infection of any person by any communicable disease, including but not limited to COVID-19, that occurs, or is alleged to occur, during the activities. I [we] also agree to defend, indemnify, and hold the City harmless from any and all claims, causes of action, allegations, or assertions made against the City, the City's employees, officers, contractors, agents, or volunteers arising from or relating to actual or alleged infection of any communicable disease, including COVID-19, occurring during the activities.

I also understand that I [my child] may be photographed or filmed during my participation in these activities. I consent to the use of any photo, video, or film likeness of me [my child] to be used for any legitimate purpose by the City of San Pablo or the sponsors and promoters of these activities, including but not limited to City publications, general newspapers, tv, radio, social media, and the internet. I [We] will not receive any compensation for the use of these photographs or films.

In the event of injury or illness, I hereby consent to and agree to be responsible for the costs for transportation to a medical facility and whatever examination, procedure or treatment considered necessary by the medical personnel.

I agree to abide by any rules and regulations of the City of San Pablo, any sponsor or promoter, or any team affiliated with these activities.

All refund requests will only be considered five days before the first date of the class. All refunds and/or transfers initiated by the customer will have a \$10.00 cancellation fee applied. All programs are subject to cancellation or combination due to low enrollment. If a cancellation is issued by the City, a full refund will be issued if the customer is not able to transfer to another program. **I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK, FULLY UNDERSTAND IT, AND SIGN IT FREELY AND VOLUNTARILY.**

All participants ages 18 and older must sign and date below

Printed Name 1: _____ Signature: _____ Date: _____

Printed Name 2: _____ Signature: _____ Date: _____