

City of San Pablo Recreation Division  
 2450 Road 20, San Pablo, CA 94806  
 Ph: (510) 215-3080 Fax: (510) 215-3015  
 January 1, 2021 – December 31, 2021



**CITY of SAN PABLO**  
*City of New Directions*



[recreation@sanpabloca.gov](mailto:recreation@sanpabloca.gov)  
[www.sanpabloca.gov](http://www.sanpabloca.gov)

City of San Pablo Recreation Division  
 Liability Waiver for all activities and classes 2021  
 Additional program/activity permission slips maybe also required.

**Household Information-Primary Contact**

Parent/Head of Household 21+ Years: \_\_\_\_\_  
(Last Name) (First Name)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact #: \_\_\_\_\_ Additional Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Additional people in 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	School Grade as of 9/1/20	Age (as of 1/1/2021)	
1.						
2.						
3.						
4.						
5.						

**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 child named above is] in good physical condition and have not been advised otherwise by any qualified medical practitioner; have sufficiently trained for participating in the activities for the Program indicated above; have sufficient knowledge of the related equipment; and voluntarily wish to participate in the Program.

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 environment 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 by 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 [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, 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.

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I further agree to hold harmless, indemnify and defend the City and its officers, employees, volunteers 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, 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 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: \_\_\_\_\_

Printed Name 3: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff Use Only**

Accepted By: \_\_\_\_\_

Date Flagged in CivicRec: \_\_\_\_\_

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Registration Form for all activities and classes within the Recreation Division of the City of San Pablo

**Adult/Parent/Guardian**

**Fist Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Check box if contact information **has not** changed.  Check box if contact information **has** changed.

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

<b>Participant Full Name (One line per person)</b>	<b>Program Title</b>		<b>Date</b>	<b>Parent/Guardian Initials</b>	<b>Staff Initials</b>

**Ways to Register for a Recreation Program!**

1) Write in Credit Card information below or write Call me and someone from the office will call you

Credit Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVC \_\_\_\_\_

2) Fax a completed registration form 510.215.3015

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**Background Check Notification** - All instructors, coaches, staff, and volunteers have been fingerprinted by the City of San Pablo Police Department for state criminal history information including subsequent arrest notifications. For more information, please contact 510-215-3002

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