REGISTRATION FORM

CITY OF GRIDLEY-RECREATION DEPARTMENT 685 Kentucky Street, Gridley, CA. 95948 (530) 846-3264, Fax (530) 846-3229

Web Site: www.gridley.ca.us **Please print or type**

ADULT	LAST	FIRST	MI
	ADDRESS		
	CITY	STATE	ZIP
PHONE	WORK	HOME	EMERGENCY

A $10.00 administration fee will be deducted for each participant refunded. This policy does not apply to class cancellations. There is a $20.00 charge on all returned checks.

PARTICIPANT'S NAME	SEX: M/F	BIRTHDATE	ACTIVITY NAME	SESSION	PROGRAM FEE

Email Address:_____ Donation to the Recreation Scholarship fund: $_____

To help us achieve a competitive balance, please rate your child's skill level: Beg ☐ Intermediate ☐ Adv. **(Sports program only)** ☐

Indicate special needs of participants due to a physical or mental disability or any additional requests_____

GRIDLEY RECREATION AND COMMUNITY SERVICES

PARTICIPANT'S WAIVER, RELEASE, ASSUMPTION OF RISK AND IDEMINTY 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 Gridley ("CITY"), the undersigned hereby voluntarily releases, discharges, waives, and relinquishes any and all actions or causes or action for personal injury (including death) or property damages 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 circumstances will he/she or his/her heirs, executors, administrators, and assignee prosecute, present any claim for personal injury (including wrongful death) or property damage against CITY or any of its officers, agents, servants, or employees or any of said or officers, agent, servants, or employees for any said or similar causes or 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 FROM 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 form and 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.

Date:_____Signature of the participant (ONLY IF ADULT)_____

FILL OUT ONLY IF THE PARTICIPANT IS A MINOR

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 sing it on behalf of the participant with full knowledge and understanding of its contents.

Date:_____Signature of the Parent/Guardian_____

CONSENT TO MEDICAL TREATMENT OF A MINOR

I hereby give my consent to have the above applicant treated by a physician or surgeon in case of illness or injury while participating in the above event. It is understood that the City of Gridley provides no medical insurance of 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. The location of the activity of the nature of the illness or injury may require the use of emergency medial personnel.

Name of the personal physician:_____Doctors phone number:_____