

CITY OF VACAVILLE
COMMUNITY SERVICES DEPARTMENT

**PROGRAM REGISTRATION FORM, LIABILITY RELEASE,
MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT**

Please complete all applicable sections of this form and sign your name on the reverse side. A separate form is required for each activity or program enrolled in, to be filled out by the participant or the participant's parent or legal guardian. One form, per person, per activity. **Fax to:** 469-6663 or **Mail to:** McBride Center, Registration, 91 Town Sq, Vacaville, CA, 95688

MAIN CONTACT INFORMATION (Proof of residency required)

LAST NAME _____ FIRST NAME _____

PARTICIPANT INFORMATION (Proof of residency required)

LAST NAME _____ FIRST NAME _____

DATE OF BIRTH _____ STREET ADDRESS _____

APARTMENT NO _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ DAY TIME PHONE _____

E-MAIL _____ CELL PHONE _____

Check this box if you would like to be notified by e-mail of Community Services events and activities.

EMERGENCY CONTACT INFORMATION

LAST NAME _____ FIRST NAME _____

HOME PHONE _____ DAYTIME PHONE _____

RELATIONSHIP _____

ACTIVITY/PROGRAM REGISTRATION

| SCHOOL | | | | GRADE | | | |
|------------|------------------|-----------------------|------|-------|--|--|--|
| CLASS CODE | ACTIVITY/PROGRAM | SESSION DATES | | COST | | | |
| | | 06/01/2009-05/30/2010 | | | | | |
| AMOUNT | CASH | CHECK# | DATE | BY | | | |

Credit Card Information. We accept MasterCard or Visa only.

Circle One. MasterCard or Visa. Please provide your Account # _____ Exp. Date _____

Authorized Signature: _____

As part of our commitment to the "Americans with Disabilities Act" and our participants, are there any special accommodations needed for your participation in the above activity or program? _____ Yes _____ No

Policy of Non-Discrimination on the Basis of Disability:

The City of Vacaville, in compliance with the Americans with Disabilities Act (ADA) of 1990, does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs, events, or activities. Shannon Nelson, 449-5409, 449-5162 (TTY), 449-5149(fax) ada@cityofvacaville.com, has been designated the ADA Title II Coordinator to coordinate compliance with the non-discrimination requirements contained in the Department of Justice Regulations implementing Title II of ADA. Requests for accommodations and information regarding provisions of the ADA may be requested from the ADA Coordinator.

SEE REVERSE SIDE

LIABILITY RELEASE, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT

In consideration for being permitted by the City of Vacaville ("City") to participate in the above-described program and/or activity ("Recreation Program"), I hereby waive, release and discharge any and all claims and damages for personal injury, death, or property damage which I may sustain or which may occur as a result of my participation in said Recreation Program.

I understand and agree that:

1. This release is intended to discharge in advance the City and its officers, officials, employees, contractors, agents and volunteers ("City personnel") from and against all liability arising out of or connected in any way with my participation in said Recreation Program;
2. Participation in said Recreation Program may be of a hazardous, strenuous, and/or physical nature and may involve interaction with other participants;
3. Participation in said Recreation Program may involve risk of serious injury, disability, or death, or property damage and loss, which may result not only from each participant's actions, inactions, or negligence, but also from the actions, inactions or negligence of others, including the actions, inactions or negligence or other legal fault of the City and/or City personnel, or from the conditions of the facilities, equipment, or areas where said Recreation Program is being conducted, or from the unavailability of emergency medical care;
4. Knowing the risks involved, I nevertheless voluntarily requests permission to participate in said Recreation Program;
5. I hereby assume any and all risks of injury, death or property damage arising out of or connected in any way with my participation in said Recreation Program;
6. I hereby release, discharge and absolve the City and all City personnel in advance from and against any and all liability, injury, or damage arising out of or in connection with my participation in said Recreation Program, or the failure on the part of the City and/or City personnel to comply with any obligations related to said Recreation Program, even though that liability, injury, or damage may arise out of the negligence or other legal fault of the City and/or City personnel;
7. I will indemnify and hold the City and all City personnel harmless from any loss, liability, damage, cost or expense, including litigation, arising out of or connected in any way with my participation in said Recreation Program;
8. In the event Registrant is a minor, Registrant is expressly permitted to travel by private automobile and/or City vehicle to and from all events and activities as needed if related to said Recreation Program, and the City and all City personnel are hereby released, discharged and absolved from and against any and all liability, injury, or damage arising out of or connected with said transportation;
9. I am in good health and have no physical condition which would prevent safe participation in said Recreation Program; I acknowledge that I have the requisite skills, qualifications, physical abilities, and training necessary for proper and safe use of equipment and facilities and to participate in said Recreation Program; I agree to direct any such questions I may have as to what skills, qualifications or training is necessary to properly use the equipment, facility, or to participate in said Recreation Program to the on site program or activity supervisor, and agree to immediately report to the on site program or activity supervisor any unsafe condition observed by me and/or injury incurred by me;
10. In the event Registrant is a minor and requires medical or surgical treatment while under the supervision of City personnel in connection with such Recreation Program, such City personnel may authorize treatment;
11. I understand that the City provides no medical insurance for treatment of illness or injury and that any cost of treatment will be at my expense. I understand that the location of said Recreation Program or the nature of the injury or illness may require the use of emergency medical services. I hereby release, discharge and absolve the City and all City personnel from and against any and all liability, injury, or damage arising out of or connected with the use of such medical services;
12. I acknowledge that said Recreation Program is not child care as defined by the State of California;
13. I understand that City personnel may photograph or videotape me and that the City may use such photographs or videotapes to promote City programs and activities. I expressly allow, and hereby waive any objection to, the City's photographing or videotaping of myself when I am participating in said Recreation Program. I understand all photos and videotapes will remain the sole and exclusive property of the City of Vacaville;
14. I understand and agree that this release and indemnification agreement is intended to be as broad and inclusive as permitted under California law, and that if any portion of this release and agreement is invalid, the balance shall continue in full force and effect;
15. This release and indemnification agreement shall be effective and binding upon myself and my heirs, next of kin, family, relatives, guardians, conservators, executors, administrators, trustees and assigns.

I HAVE CAREFULLY READ THIS RELEASE AND INDEMNIFICATION AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF VACAVILLE. I VOLUNTARILY AGREE TO EACH OF THE TERMS AND PROVISIONS HEREIN AND SIGN THIS RELEASE AND INDEMNIFICATION AGREEMENT OF MY OWN FREE WILL.

SIGNATURE _____ DATE _____

PLEASE CHECK ONE BOX:

| | | | | | | | |
|----------------------|--|--------|--|----------|--|------------|--|
| Registrant (18 over) | | Parent | | Guardian | | Senior 60+ | |
|----------------------|--|--------|--|----------|--|------------|--|