



**WAIVER, RELEASE AND ASSUMPTION OF RISK AGREEMENT
and
AUTHORIZATION FOR EMERGENCY TREATMENT OR TRANSPORTATION**

I, the undersigned, as participant, or as parent or legal guardian of the child listed on this form, hereby assume full responsibility for all risk of injury or loss which may result from my or my child's participation in the program listed below, and hereby agree to hold harmless, release and forever discharge **The East Bay Regional Park District**, its officers, directors, agents and employees (collectively "District") and their representatives, from any and all claims and demands whatsoever which the undersigned, and any of them or any third party and their representatives or any person acting under their behalf have, or may have, against the District by reason of any accident, illness, injury, or death to any person or persons, or damage to, loss of or destruction of property arising or resulting directly or indirectly from my or my child's participation in the aforementioned activity, and occurring during said participation, or anytime subsequent thereto regardless of whether said claims or demands arise out of negligence on the part of the District. The terms of this release shall serve as a release and assumption of risk for myself, my child, heirs, executives, administrators, and for all of my family members.

I understand, agree, and acknowledge that some activities in this program may be of a hazardous nature and/or include physical and/or strenuous activity. I hereby assume all risk of such activities. Understanding this, I state to the best of my knowledge that I or my child listed on this form have no medical, physical, mental, or emotional health conditions which would hinder my or my child's active participation in the program listed on this form.

In the case of an emergency in which I am not able to give permission for medical treatment and my designated emergency contact cannot be reached, I authorize the staff or agents of the District to obtain whatever medical treatment is deemed necessary for my or my child's welfare. In the case of my child, this authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether my medical insurance would cover such charges and fees.

I give my full permission to East Bay Regional Park District and any other media sources to use my or my child's name and any photographs, videographs, motion pictures or recordings for any publicity and promotional purposes without obligation or liability to me.

Name of Program: _____ Course Code: # _____

Participant's Name: _____ (Print) Age: _____

SIGNATURE: _____ Date: _____

Participant (Parent or Guardian if participant is under 18)

OVER >



EAST BAY REGIONAL PARK DISTRICT

RECREATION PROGRAM

REGISTERED PARTICIPANT INFORMATION

Participant's Name: _____
Last **First** **Age**

Address: _____
Street/Apt. **City** **Zip**

Phone: (Home) _____ (Work) _____

To better serve you, please provide information concerning any special accommodations you may need. For example, any physical or emotional challenges? All information will be kept confidential.

No _____ Yes _____ (if yes, please describe below)

Local Emergency Contact: _____
Name **AM phone** **PM phone**

Complete this portion for Participants UNDER 18 years of age:

Parent/Guardian(1): _____
Name **AM phone** **PM phone**

Parent/Guardian(2): _____
Name **AM phone** **PM phone**

Child's Doctor: _____
Name **AM phone** **PM phone**

PROGRAM NAME:

Date(s): _____ Course Code: # _____

PLEASE COMPLETE AND BRING THIS FORM WITH YOU TO THE FIRST MEETING OF THE PROGRAM