



(925) 682-0896  
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SPORTS | YOUTH – 2014

## Activity Agreement, Waiver, and Release

In consideration for being permitted by the above district to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above district (its officers, employees, volunteers and agents) and MDUSD from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above person or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

### **PARENTAL CONSENT:** (To be completed and signed by parent/guardian)

I hereby consent that my son/daughter, \_\_\_\_\_, participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

**I have carefully read this Agreement, Waiver, and Release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the above district and I sign it of my free will.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**I further understand that no medical insurance is provided and I agree to abide by the District's refund policy.**

**I further understand that photographs and video may be taken of me during the course of the said activity and that these photographs and video may be used for Pleasant Hill Recreation & Park District publicity purposes. I HAVE READ AND UNDERSTAND THIS RELEASE.**

### **EMERGENCY INFORMATION**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Home# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Email \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Health Plan \_\_\_\_\_ Card# \_\_\_\_\_ Other Medical info \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
(other than parent)

List health conditions for the child that we should be aware of: ( ie. seizures, asthma, diabetes, allergies). Parent/Participant is responsible for informing the District of these condition(s). \_\_\_\_\_

Any pre-existing injuries? \_\_\_\_\_

Any medication being taken currently? If so, what? \_\_\_\_\_