

**ACTIVITY/PROGRAM REGISTRATION FORM AND  
WAIVER/RELEASE/INDEMNIFICATION**

ACTIVITY/PROGRAM INFORMATION		ADULT SPORTS			YOUTH SPORTS	
ACTIVITY/PROGRAM NAME		LEAGUE			LEAGUE	
SESSION		<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> MEN	<input type="checkbox"/> MON	<input type="checkbox"/> BASKETBALL	<input type="checkbox"/> SMALL
		<input type="checkbox"/> KICKBALL	<input type="checkbox"/> WOMEN	<input type="checkbox"/> TUES	<input type="checkbox"/> CHEER	<input type="checkbox"/> MEDIUM
		<input type="checkbox"/> VOLLEYBALL: Advanced*	<input type="checkbox"/> CO-ED	<input type="checkbox"/> WED	<input type="checkbox"/> FUSTAL	<input type="checkbox"/> LARGE
		<input type="checkbox"/> VOLLEYBALL: Amateur		<input type="checkbox"/> THUR		<input type="checkbox"/> X LARGE
				<input type="checkbox"/> FRI		<input type="checkbox"/> XX LARGE
*Must attend evaluation scrimmage to participate in Advanced League. This is to ensure your safety and meet the goals to make the league competitive. Must be able to serve, bump, set, and spike.						

PARTICIPANT INFORMATION						
FIRST NAME		MIDDLE INITIAL	LAST NAME			<input type="checkbox"/> S.F. RESIDENT
						<input type="checkbox"/> NON RESIDENT
ADDRESS				CITY	ZIP CODE	
HOME PHONE NO.		WORK PHONE NO.		CELL PHONE NO.		
EMAIL ADDRESS				<input type="checkbox"/> AGREE TO RECEIVE TEXT MESSAGES		
				<input type="checkbox"/> AGREE TO RECEIVE PROMOTIONAL EMAILS		
GENDER	DATE OF BIRTH	AGE	IF UNDER 18, PARENT OR GUARDIAN NAME			
<input type="checkbox"/> MALE						
<input type="checkbox"/> FEMALE						
MEDICAL INFORMATION (PLEASE LIST ANY CONDITIONS, ALLERGIES, MEDICATIONS, ETC. IF NONE, PLEASE NOTE)						

EMERGENCY CONTACT			
FIRST NAME		LAST NAME	RELATIONSHIP
HOME PHONE NO.		OTHER PHONE NO.	

LANGUAGE PREFERENCE <i>Optional</i>	ETHNIC BACKGROUND <i>Optional</i>
<input type="checkbox"/> ENGLISH	<input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment
<input type="checkbox"/> SPANISH	<input type="checkbox"/> ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
<input type="checkbox"/> OTHER: _____ <i>Please indicate specific language of preference</i>	<input type="checkbox"/> BLACK OR AFRICAN AMERICAN: A person having origins in any of the black racial groups of Africa
	<input type="checkbox"/> HISPANIC OR OTHER LATINO: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
	<input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
	<input type="checkbox"/> WHITE: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
	<input type="checkbox"/> OTHER: _____ : Please indicate specific ethnic group with which you identify

**PLEASE INITIAL THAT YOU HAVE READ AND UNDERSTAND THE FOLLOWING:**

\_\_\_\_\_ I have read, understand, and agree to the waiver, release, and indemnification on the reverse of this form.

\_\_\_\_\_ City of San Fernando Recreation and Community Services staff cannot administer any kind of medication.

\_\_\_\_\_ Parents are responsible for transporting their children to and from games and/or activities.

\_\_\_\_\_ Parents are advised to check with a physician if there is any doubt regarding their child's participation.

\_\_\_\_\_ Parents will present documents that verify child's age, legal guardianship, and address.

\_\_\_\_\_ In case of an emergency, I give permission for any necessary medical treatment. Any medical bills will be my responsibility.

**I ACKNOWLEDGE THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGEMENT**

PRINT PARTICIPANT OR PARENT/GUARDIAN NAME	PARTICIPANT OR PARENT/GUARDIAN SIGNATURE	DATE

OFFICE USE ONLY					
RECEIVED BY	DATE	AMOUNT PAID	PAYMENT TYPE	CHECK	RECEIPT
		\$		#	#

**WAIVER, RELEASE AND INDEMNIFICATION**

I hereby certify that I am an adult over the age of eighteen (18) years, and am allowing my family members listed above permission to participate in certain activities, including but not limited to activities such as, photo-taking, obstacle course races, and any other activity organized by the City of San Fernando ("activities") and/or use of equipment provided by the City of San Fernando, including but not limited to, public parks, bounce houses, and any other equipment provided by the City as part of a City-organized event referred to as the "Event".

**I UNDERSTAND AND ACKNOWLEDGE THAT MY OR MY CHILD'S/FAMILY MEMBER'S PARTICIPATION IN CERTAIN ACTIVITIES AT THE EVENT OR USE OF CERTAIN CITY EQUIPMENT USED BY ME AT THE EVENT MAY EXPOSE ME OR MY CHILD/FAMILY MEMBER TO A RISK OF PHYSICAL HARM OR DEATH, AS WELL AS ECONOMIC LOSS**, which might result not only from my or my child's/family member's own actions, inactions, or negligence, but also from the actions, inaction, or negligence of others, or the condition of the facilities or equipment. **ACCORDINGLY, I ASSUME ANY AND ALL RISKS** associated with my participation (and/or of my children/family member's listed above) and/or use of the activities and/or equipment. Specific risks might include: a) minor injuries such as scratches, bruises, and sprains; b) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and c) catastrophic injuries including paralysis and death. Additional potential risks and injuries may include: falls, improper use of equipment and/or defective equipment. **ALL SUCH RISKS ARE KNOWN AND ACKNOWLEDGED BY ME.**

I agree that if I observe any facilities and equipment to be used and believe them to be unsafe, I will immediately advise the supervisory person at the facility.

I recognize that certain medical conditions and/or physical conditions known to me may pose a likely and/or foreseeable risk of injury, death or other harm should I, my child, or my family members listed above participate in any of the activities contemplated herein. By execution of this waiver, release and indemnification, I assume full responsibility for any and all risks posed by any medical condition or physical condition suffered by me, my child or family member's listed above whether known or unknown to me.

For myself, heirs, personal assigns, and anyone entitled to act on my behalf, do hereby forever waive, release, discharge, and covenant not to sue the City of San Fernando, its elected or appointed officials, officers, agents, employees, and other volunteers, and the owner of any private property where events or activities are held, from any and all liability, claims, damages, expenses, and judgments, including attorney's fees, arising from participating/volunteering with the City of San Fernando. This release, waiver, and indemnification extend to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I further agree that the City of San Fernando may take photographs of me and/or of my children for participating/volunteering at various events and activities and use such pictures at its discretion for public display or advertising purposes without any compensation to me.

For myself, my heirs, personal assigns, and anyone entitled to act on my behalf, assume any and all risks of personal injuries to myself, including medical or hospital bills, permanent or partial disability, or death and damages to my property, real or personal, caused by or arising from participating/volunteering with the City of San Fernando.

For myself, my heirs, personal assigns, and anyone entitled to act on my behalf, agree to forever indemnify and hold the City of San Fernando and its officials, employees and agents harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys' fees brought as a result of myself participating with and on the City of San Fernando's equipment and facilities, and/or volunteering with the City of San Fernando, and to reimburse them for any such expenses incurred. I recognize that this waiver and release, assumption of risk and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, agree that the balance shall continue in full legal force and effect and if signing on behalf of an organization, I have the capacity and am duly authorized to enter into this agreement on the organizations behalf.

I, the undersigned, consent to have myself, and/or my children/family members photographed, interviewed, and/or videotaped by representatives of the City and its affiliated entities. The City and its affiliated entities may use the images/likeness for the production of City of San Fernando marketing/promotional material. With respect to all photos, videotaping and audio records, and any reproductions of same in any medium, including the City's websites, I hereby irrevocably consent to and authorize their use by the City and its affiliated entities for reproduction, distribution, and exhibition for any purpose and in any medium whatsoever including (but not limited to) publication and exhibition for educational purposes, without any compensation or notice to me.

I understand and agree that such materials, including all negatives, positives, and prints, shall become and remain the sole property of the City and I shall have no right or title to such items. I further understand and agree that these materials may be kept on file and/or used by the City for potential future use and further agree to release the City and its affiliated entities from any and all liability arising from or in connection with taking, use, publication, or dissemination of such materials.

**THIS DOCUMENT RELIEVES THE CITY AND OTHERS FROM LIABILITY FROM PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE. I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, INCLUDING THE RIGHT TO SUE, AND I SIGN VOLUNTARILY.**

**I HAVE READ, UNDERSTAND AND AGREE TO THE FOREGOING AND CERTIFY MY AGREEMENT BY MY SIGNATURE ON THE FRONT OF THIS FORM**