

Registration Information **39**

CITY OF VACAVILLE COMMUNITY SERVICES DEPARTMENT

Please complete all applicable sections of this form, read the agreement on the reverse side, initial, and sign your name. A separate form is required for each participant enrolled in activities or programs during this session. This form is to be filled out by the participant or the participant's parent or legal guardian. One form, per person, please.

MAIN CONTACT INFORMATION

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: _____ DAYTIME PHONE: _____

E-MAIL ADDRESS: _____

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

ACTIVITY/PROGRAM	SESSION DATES	COST

Amount: _____ Cash: _____ Check#: _____ Processed By: _____ Processed Date: _____

Credit Card Information must be given over the telephone or in person. We accept MasterCard or Visa only.

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), 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.

Registration Information

LIABILITY AND MEDICAL RELEASE & INDEMNIFICATION AGREEMENT

In consideration for myself and/or each minor child listed in this form being permitted by the City of Vacaville ("City") to participate in the above-described program or activity ("Recreation Program(s)"), I hereby waive, release and discharge any and all claims and damages for personal injury, death, or property damage which I and/or my minor child may sustain or which may occur as a result of my and/or my minor child's participation in said Recreation Program(s). 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 the participation of myself and/or my minor child in said Recreation Program(s);
2. Participation in said Recreation Program(s) may be of a hazardous, strenuous, and/or physical nature;
3. Participation in said Recreation Program(s) 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(s) is being conducted;
4. Knowing the risks involved, I nevertheless voluntarily request permission for myself and/or my minor child to participate in said Recreation Program(s);
5. I hereby assume any and all risks of injury, death or property damage arising out of or connected in any way with the participation of myself and/or my minor child in said Recreation Program(s);
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 and/or my minor child's participation in said Recreation Program(s), or the failure on the part of the City and/or City personnel to comply with any obligations related to said Recreation Program(s), 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 the participation of myself and/or my minor child in said Recreation Program(s);
8. I expressly permit my minor child to travel by private automobile to and from all events and activities related to said Recreation Program(s), and 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 said transportation;
9. I and/or each minor child listed herein is in good health and has no physical condition which would prevent safe participation in said Recreation Program(s) or activity supervisor any unsafe condition and/or injury incurred by myself and/or my minor child;
10. In the event that my minor child requires medical or surgical treatment while under the supervision of City personnel in connection with such Recreation Program(s), such City personnel may authorize treatment;
11. I understand that the City provides no medical insurance for treatment of such illness or injury and that any cost of treatment will be at my expense. I understand that the location of such Recreation Program(s) or the nature of the injury or illness may require the use of emergency medical services. On behalf of myself and/or my minor child, I therefore 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/or my minor child 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 me and/or my minor child when I and/or my minor child am participating in said Recreation Program. I understand that neither I nor my minor child shall receive any compensation or payment for use of such photographs or videotapes and that all photographs and videotapes will remain the sole and exclusive property of the City of Vacaville;
14. I understand and agree that this release is intended to be as broad and inclusive as permitted under California law, and that if any portion of this release is invalid, the balance shall continue in full force and effect;
15. This release shall be effective and binding upon myself and/or my minor child's 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/OR MY MINOR CHILD AND THE CITY OF VACAVILLE. I VOLUNTARILY AGREE TO EACH OF THE TERMS AND PROVISIONS HEREIN AND SIGN THIS RELEASE OF MY OWN FREE WILL.

PARTICIPANT (OR PARENT/GUARDIAN) PRINTED NAME AND SIGNATURE AND DATE

PRINTED: _____ SIGNED: _____ DATE: _____

Select one: _____ Registrant (18 & over) _____ Parent _____ Guardian _____ Senior (60+)