

2010 PRE-SCHOOL ACTIVITIES WAIVER

Child's Last Name / First Name _____

Agreement, Waiver and Release

In consideration for being permitted by the above district to participate in Pre-School activities, 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 activities. This release is intended to discharge in advance the above district (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activities, 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 these activities involve 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 persons 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 activities.

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

I hereby additionally consent that my son/daughter, _____, participate in the Pre-School activities 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 activities.

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.

I FURTHER UNDERSTAND THAT NO MEDICAL INSURANCE IS PROVIDED AND THAT NO REFUNDS WILL BE GIVEN UNLESS ACTIVITIES ARE CHANGED OR CANCELLED BY PLEASANT HILL RECREATION & PARK DISTRICT.

Signature of Parent/Guardian _____ Date _____

Print Name _____



**Pleasant Hill
Recreation & Park District**
People, Parks & Programs Since 1951
www.pleasanthillrec.com

320 Civic Drive, Pleasant Hill, CA 94523 (925) 676-5200

EMERGENCY INFORMATION

Child's Name _____ Birth Date _____ Age _____ Sex _____ Home Phone # _____

Address _____ City _____ Zip _____

Mom's Name _____ Work# _____ Cell# _____ Email _____

Dad's Name _____ Work# _____ Cell# _____ Email _____

Family Doctor _____ Phone# _____ Dentist _____ Phone# _____

Health Plan _____ Card# _____ Other Medical info _____

Emergency Contact (other than parent)

Name _____ Phone# _____ Cell# _____ Relationship to Child _____

Name _____ Phone# _____ Cell# _____ Relationship to Child _____

List any allergies or other health problems for child or parent that we should be aware of: _____

Date of child's last immunization: MMR _____ Polio _____ Hepatitis _____ Other _____