

2010 Aquatic Liability Waiver

AGREEMENT, WAIVER AND RELEASE



**Pleasant Hill
Recreation & Park District**
People, Parks & Programs Since 1951
147 Gregory Lane, Pleasant Hill, CA 94523
(925) 682-0896

Family's Last name(s)

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 (it's officers, employees, and agents) and the 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 signs. 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.

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(S) AND I SIGN IT OF MY FREE WILL.

I AGREE TO ABIDE BY THE DISTRICT'S AQUATIC REFUND POLICY.

ADULT NAME/S (Please Print)	SIGNATURE	WORK PHONE
Address		Home Phone

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

I hereby additionally consent that my child/children, _____, participate in this 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.

Signature (Parent/Guardian) _____ Name Printed _____ Date _____

EMERGENCY FORM				
Participant's Name	Age	Birthdate	Health Plan #	Last Immunization
1.				
2.				
3.				
4.				
Family Doctor:	Ph #:	Dentist:	Ph #:	
Emergency Contact (spouse/parent/guardian):	Ph #:	Relationship to participant:		
(Other than spouse/parent/guardian):	Ph #:	Relationship to participant:		
List any health conditions for each child or parent that we should be aware of: (ie. seizures, asthma, diabetes, allergies). Parent/Participant is responsible for updating the District regarding any changes in the enrollees prescriptions and/or health condition. I further understand that no medical insurance is provided.				