

PARKS & RECREATION REGISTRATION

PARENTAL CONSENT/RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Please complete the following information: Date: _____

Participant's Name _____ M/F Birthdate _____ Age _____

Parent's or Guardian Name _____

Address _____ City _____ ZIP _____

Phone H _____ Emergency Contact (other than Parent/Guardian):

W _____ Name _____

Cellular _____ Phone _____

E-Mail _____

Immunization records are required for summer program. Does your child know how to swim? Yes No

Is your child currently taking any medications the cities of Buellton or Solvang need to be aware of? If yes, please list on an attached sheet of paper. Yes No

Does your child have allergic reactions to anything the cities of Buellton or Solvang should be aware of? (i.e. medications, bee stings, food, etc.) If yes, please list on an attached sheet of paper. Yes No

Additional information the Cities of Buellton or Solvang may need to be aware of? _____

The undersigned parents/guardian of the participant, a minor, gives permission for the minor to participate in the Cities of Buellton and Solvang Parks and Recreation Program. The parents/guardian accepts full responsibility for delivering the participating child to the program at the appointed hour and for picking up the child at the conclusion of the program. The parents/guardian recognize that there is the possibility of accident and injury resulting from the child's participation in the program.

The Cities of Buellton or Solvang are authorized to employ or utilize any emergency medical facility and the registered physicians or surgeons licensed under the provisions of the medical staff of the facility to perform any necessary diagnosis or treatment deemed necessary. The undersigned understand that the undersigned are responsible for any and all charges incurred due to the treatment.

THE UNDERSIGNED HAVE CAREFULLY READ THIS RELEASE AND HEREBY AGREE TO HOLD THE CITIES OF BUELLTON AND SOLVANG, THEIR OFFICERS, AGENTS AND EMPLOYEES HARMLESS FROM AND AGAINST ANY AND ALL CAUSES OF ACTION, CLAIMS, LIABILITIES, OBLIGATIONS, JUDGEMENTS OR DAMAGES, INCLUDING REASONABLE ATTORNEYS' FEES AND COSTS OF LITIGATION ARISING FROM ACTIVITIES IN THE PERFORMANCE OF THE RECREATION PROGRAM, OR WHILE TRAVELING TO, OR RETURNING FROM OR OUTSIDE THE ADVERTISED HOURS OF THE CITIES OF BUELLTON OR SOLVANG'S PARKS AND RECREATION PROGRAMS, EXCEPTING ONLY THOSE ACTIONS, CLAIMS, LIABILITIES, OBLIGATIONS, JUDGEMENTS OR DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE CITY OF BUELLTON OR THE CITY OF SOLVANG. THE UNDERSIGNED IS/ARE AWARE THAT THIS IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF THEIR OWN FREE WILL.

Photo Release

I hereby grant the Cities of Buellton or Solvang, without expectation of compensation of any kind, the unrestricted right and permission to copyright and use, re-use, publish, and republish photographic portraits or pictures of me or in which I may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

I HAVE READ THIS DOCUMENT SIGNED BY MY PARENT OR GUARDIAN AND JOIN THE WAIVER, RELEASE AND ASSUMPTION OF RISK. I AM AWARE OF THE RISKS INVOLVED IN MY PARTICIPATION IN RECREATION EVENTS OR ACTIVITIES. _____ (initials)

LEGALLY APPOINTED GUARDIAN MUST SIGN AND FURNISH A SIGNED COPY OF A LETTER OF GUARDIANSHIP.

Signature of Parent/Guardian _____ Date _____ Relation to child _____

Parent/Guardian's printed name _____

Program

Date

Signature

Program

Date

Signature