

ADULT Program/Activity_____
Buellton Recreation Center
Release and Waiver of Liability and Assumption of Risk Agreement

Please complete the following information: Date_____

Participant's Name: _____ M/F Birth Date_____

Address: _____ City_____ State_____

Phone: H _____ Cell: _____

W _____ Emergency Contact:

Name: _____

Phone: _____

Additional information that the Cities of Buellton or Solvang should be aware of?

The Cities of Buellton or Solvang are authorized to employ or utilize any emergency medial facility and the registered physicians or surgeons licensed under the provision so the medical staff of the facility of 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, CLAIM, LIABILITIES, OBLIGATIONS, JUDGEMENTS OR DAMAGE, INCLUDING REASONABLE ATTORNEYS' FEES AND COSTS OF LITIGATION ARISING FROM ACTIVITES 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 SOLVANAG'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 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.

I AM AWARE OF THE RISKS INVOLVED IN MY PARTICIPATION IN RECREATION EVENTS OR ACTIVITIES

Print Name: _____

Signature_____

Office Use Only

Participant has been through a short orientation on use of weight equipment

Date: _____

Weight attendant; _____