

# CITY OF YUBA CITY PROGRAM REGISTRATION & PARTICIPANT WAIVER FORM

All class registration is on a first come basis. Priority registration is not offered.

**\*NOTE:** Participant(s) or legal guardian must complete waiver form in its entirety prior to registration.

PARTICIPANT'S \_\_\_\_\_ Email Address: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ Phone: H: \_\_\_\_\_ W: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

| PARTICIPANT'S NAME | BIRTH DATE | GRADE | T-SHIRT SIZE<br>If Applicable | CLASS/PROGRAM | START DATE |
|--------------------|------------|-------|-------------------------------|---------------|------------|
|                    |            |       |                               |               |            |
|                    |            |       |                               |               |            |

Complete the following emergency information on whom to contact immediately should the need arise.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Indicate special needs due to a physical or mental disability or any additional requests: \_\_\_\_\_

### CITY OF YUBA CITY PARTICIPANT'S WAIVER, RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration of the acceptance of my application for entry into the above event, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the City of Yuba City as a result of my participation in the event. This release is intended to discharge the City of Yuba City, its officers, officials, employees and volunteers, any other involved municipalities or public agencies from and against any and all liability arising out of or connected in any way with my participation in the event, even though that liability may arise out of the negligence or carelessness on the part of persons or entities mentioned above. I further understand that accidents and injuries can arise out of the event; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who, through negligence or carelessness, might otherwise be liable to me or my heirs or assigns for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Yuba City Parks and Recreation Department reserves the right to photograph facilities, activities and program participants for potential future use. All photos remain the property of Yuba City Parks and Recreation and may be used for publicity and promotional services.

Date: \_\_\_\_\_ Signature of Participant (**Only if Adult**): \_\_\_\_\_

If the participant in the activity is a minor, I, as the parent or guardian of the participant, acknowledge that I have read this Waiver, Release, Assumption of Risk and Indemnity Agreement and sign it on behalf of the participant with full knowledge and understanding of its contents.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

### **CONSENT TO MEDICAL TREATMENT OF MINOR:**

I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that the City of Yuba City provides no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

Name of Personal Physician \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_

Signature of Participant or Parent/Guardian \_\_\_\_\_

Please return this form with payment to:  
Receipt #

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**Yuba City Parks and Recreation Department**  
1201 Civic Center Boulevard, Yuba City, CA 95993  
**530-822-4650 FAX 530-822-7575**  
Online Registration: [www.yubacity.net](http://www.yubacity.net)