Youth Program Emergency Information, Registration, Agreement, Waiver & Release Form

Participant(s) Full Name	Program Name	Dates & Times	Initials	Date

I have carefully read the description(s) of the program(s) for which I/we are registering, for myself and/or for my child. By initialing and dating next to each class I have listed above, I am consenting and agree to the terms and conditions of this "Agreement, Waiver and Release" for each class added to this form since my original signature date. _____ **(initial required)**

REFUND/VACATION/TRANSFER/PAYMENT DUE POLICY

No refunds will be given for one-time classes, trips, tours, camps or special events. Refunds will be given if TDRPD cancels a class. Refunds/credits requested as a result of a child's extended injury or illness will be reviewed on a case-by-case basis. All refunds/credits are subject to a $5 transfer or $15 refund fee. Payment is due prior to the first class each month for all ongoing programs, and at the time of registration for all others. Camp days may be refunded/transferred up to the Tuesday of the week before camp. The fees may only be transferred within the specific summer camp. Any unused or unneeded fees for camp will be refunded up to 50%

Signature: _____ **Date:** _____

CONSENT TO TREAT

I, the undersigned parent/legal guardian of _____, a minor, do hereby authorize and consent to any X-ray, examination, anesthetic, medical, or surgical procedure rendered under the general or specific supervision of any member of the medical staff and any emergency room staff licensed under the provisions of the Medical Practice Act and on the staff of any acute care general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required by the above named minor(s) and is given to provide authority to transport by emergency vehicle and power to render care, which the aforementioned physician, in the exercise of his best judgement, may deem advisable It is understood that effort should be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above mentioned treatment will not be withheld if the undersigned cannot be reached. Authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Signature: _____ **Date:** _____

AGREEMENT, WAIVER AND RELEASE

In consideration for being permitted by the Truckee-Donner Recreation and Park District to participate in the above activity(ies), 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 Truckee-Donner Recreation & Park Districts. (it's officers, employees, and agents) 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 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 inure as the result of my death or injury or property damage that said minor may sustain while participating in said activity.

Parental Consent (to be completed & signed by parent/guardian if participant in under 18 years of age)

I hereby consent that my son/daughter, named above, participant in the above activity(ies), 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 injury or property damage that said minor 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 LAIBILTY AND A CONTRACT BETWEEN MYSELF AND THE TRUCKEE-DONNERRECREATION AND PARK DISTRICT AND I SIGN IT OF MY FREE WILL.

Signature: _____ **Printed Name** _____**Date:** _____