



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

Participant(s) Full Name	Program Name	Dates & Times	Parent Signature	Date
	Swimming	9/28/20-4/1/21 6:00 am-7:30 pm Community Swimming Pool		
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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 and Park District, (its 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 incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

PARENTAL CONSENT *(to be completed and signed by parent/guardian if participant is under 18 years of age)*

I hereby consent that my son/daughter, named above, participate in the above 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.

CONSENT TO TREAT

I, the undersigned parent/legal guardian of the minor(s) listed above, 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/her best judgment, 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.

PHOTOGRAPHIC RELEASE

I understand that photographs may be taken of my child(ren) during Truckee Donner Recreation and Park District programs or events. I give Truckee-Donner Recreation & Park District permission to use any such photos for advertising or in promotional materials.

REFUND/TRANSFER AND CANCELATION POLICY

I understand that all lane rentals are non-refundable, non-transferable. All registrations are all final sale. I understand that no refunds will be given for any reason.

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 TRUCKEE-DONNER RECREATION AND PARK DISTRICT AND I SIGN IT OF MY FREE WILL. I CERTIFY THAT I AM 18 YEARS OR OLDER AND I AM THE PERSON AUTHORIZED TO SIGN THIS WAIVER.

Printed Name: _____

Signature: _____ Date: _____



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Please print ALL information clearly

Child's Name: _____ M/F Birthdate: _____ Age: _____
Last First

Child's Name: _____ M/F Birthdate: _____ Age: _____
Last First

Child's Name: _____ M/F Birthdate: _____ Age: _____
Last First

Mailing Address: _____

Physical Address: _____

*Guardian's Name: _____ Relationship to Child: _____ Birthdate: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail address: _____

*Guardian's Name: _____ Relationship to Child: _____ Birthdate: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail address: _____

Allergies or Medical Conditions with Special Instructions:

Physician's Name: _____ Phone Number: _____

Type of medication: _____ Purpose: _____ Daily amount prescribed: _____

Medication Start Date: _____ Medication End Date: _____

Emergency Contacts and others authorized to pick-up: (Other than guardians)

Name: _____ Number: _____ Relationship: _____

Name: _____ Number: _____ Relationship: _____

Name: _____ Number: _____ Relationship: _____