CITY OF EUREKA RECREATION DIVISION
1011 WATERFRONT DRIVE, EUREKA, CA 95501

ADORNI RECREATION CENTER

YOUTH DROP-IN ACTIVITY LIABILITY RELEASE FORM
JANUARY 1, 2017 – DECEMBER 31, 2017

The undersigned certifies that said minor is in good health and able to participate in the activities for which she/he, is registered. The undersigned agrees to 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 against the City as a result of participation in the event or activity. This release is intended to discharge the 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 participation in the event or activity, even though that liability may arise out of the negligence or carelessness on the part of the persons or cities mentioned above. I further understand that accidents and injuries can arise out of these activities; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and 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. I agree to assume any and all risks of personal injuries to the minor and authorize the City of Eureka or the Permittee / Sponsor to contact or employ a licensed physician to render any medical treatment that may be deemed necessary for the minor or to take and admit the minor to any hospital. If such medical treatment or hospitalization is required, I agree to pay all medical and hospital bills relating thereto, permanent or partial disability, or death and damages to the minor's or my property, caused by or arising from the minor's participation in the event or activity. It is further understood and agreed that this waiver, release and assumption of risks is to be binding on my heirs and assigns. The undersigned fully understands the scope of the activities for which herein named minor is participating in and am voluntarily signing this form.

LISTING OF ACTIVITIES

Activities may include but are not limited to aerobics, weight room, basketball, volleyball, and running/walking.

Participant's Name_____Date of Birth_____

Parent/Guardian Name_____

Address_____City_____State_____

Day Phone_____Evening Phone_____

Emergency Contact_____

Day Phone_____Evening Phone_____

_____ _____
Parent/Guardian Signature **Date**

PHOTOGRAPHY (optional)

I give permission to The City of Eureka staff and/or local news media to photograph my child during the course of regularly scheduled City of Eureka recreation programs. I am aware that these pictures may be published in the local media, posted at the Adorni Center and possibly included in future brochures/publications and/or City of Eureka website.

_____ _____
Parent/Guardian Signature **Date**