



Activity Registration Form

City of San Rafael

The City's Liability Waiver and Photo Release portion must be signed by all parent/guardians or participants 18 and over. Registrations with unsigned waivers will not be processed. Thank you!

1. PRIMARY CONTACT (Adult) COMPLETE ENTIRE FORM

Name of Primary Contact _____ Birthdate _____

Street _____ City _____ Zip _____

Email Address _____

Primary Phone () _____ Secondary Phone () _____ Cell Phone () _____

Emergency Contact _____ Relationship to Participant _____

Emergency Daytime Phone () _____ Emergency Evening Phone () _____

2. ACTIVITY REGISTRATION

PARTICIPANT'S NAME First & Last (1 line per participant)	DATE OF BIRTH (mm/dd/yy)	COURSE NAME	COURSE #	FEE
1.				
2.				
3.				
4.				
5.				

Please note any allergies and/or medications:

I require an ADA accommodation due to a disability to participate in this program.

Total Fees \$ _____

I wish to donate to the Youth Scholarship Fund + \$ _____

Total \$ _____

3. LIABILITY WAIVER & PHOTO RELEASE

HOLD HARMLESS AND RELEASE AGREEMENT The undersigned on behalf of himself/herself and on behalf of any child enrolled by the undersigned in the program, in consideration of participation in this program, agrees to indemnify and hold harmless, and to release, waive, and discharge, the City of San Rafael against any claim, demand, suit, judgment, loss, liability or expense of any kind, including attorney's fees and administrative costs, on account of personal injuries or damages sustained by any person or property arising out of or in any way connected with participation by the undersigned or the enrolled child in this program, including injuries due to the active or passive negligence of the City, its officers, employees, agents, and volunteers. I HAVE READ THE ABOVE HOLD HARMLESS AND RELEASE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME RISKS FOR ANY INJURIES AND PROPERTY DAMAGE SUFFERED. I also certify that I (or my children) are knowledgeable as to all rules of conduct appropriate to the above-mentioned activity. Neither I nor my child has any physical illnesses, conditions, disabilities, or weaknesses that would interfere with safe participation in the activity. I recognize that bodily injury and/or property damage may be sustained through participation in this activity and acknowledge that I/we voluntarily accept all risks of injury to persons or property.

Applicant's Signature _____ **Date** ____/____/____

PHOTO RELEASE By initialing, I do also hereby give my permission to the City of San Rafael to use any and/or all photographs of myself and/or my children for future agency publications. I understand that my name or my children's name(s) will not be published at any time in any publications. I give my permission for a photograph of my child to be used for City of San Rafael marketing purposes. **Initial** _____

4. PAYMENT

Credit card payments are processed through our online registration system at www.cityofsanrafael.org/recreation. You may also pay with credit card, check or cash in-person at our community centers.

- San Rafael Community Center
618 B Street
- Terra Linda Community Center
670 Del Ganado
- Albert J. Boro Community Center
50 Canal Street

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly through person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The City of San Rafael Library & Recreation Department has put in place preventative measures to reduce the spread of COVID-19; however, **The City of San Rafael Library & Recreation Department cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending City of San Rafael Library and Recreation Department facilities, programs, child care, classes, camps, and events could increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID -19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID -19 by attending City of San Rafael Library and Recreation Facilities, Programs, Classes, Camps, and Events and that such exposure or infection may result in personal injury, illness, permanent disability, and /or death. I understand that the risk of becoming exposed to or infected by COVID -19 at the City of San Rafael Library and Recreation Department may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City of San Rafael employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at City of San Rafael Library & Recreation facilities, programs, child care, classes, camps, and events, or participation in any connected City of San Rafael programming ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the City of San Rafael, its officers, employees, agents, and representatives, volunteers, of and from the every and all Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City of San Rafael, its employees, agents, and volunteers, whether a COVID-19 infection occurs before, during, or after participation in any City of San Rafael program.

Signature of Participant/Parent/Guardian

Date

Print Name of Participant/Parent/Guardian

Name of Participant(s) (if applicable)

Agreement to Abide by the Public Health Order

I have reviewed and agree to abide by all regulations and requirements set forth by the County's Public Health Officer (<https://coronavirus.marinhhs.org/>).

If I am participating in the program, I verify that I will not attend the program if I am sick or develop any illness symptoms (sore throat, shortness of breath, fever, etc.).

If my child is participating in the program, I verify that I will not allow my child to attend this program if they are sick. If my child has a new cough or other illness symptoms (sore throat, shortness of breath, fever, etc.), I agree to keep them at home.

Signature of Participant/Parent/Guardian

Date

Print Name of Participant/Parent/Guardian

Name of Participant(s) (if applicable)