

# Tri Amador Lake Camanche

(209) 223-6349, jwilliamson@amadorgov.org

Registration/Emergency Information Form

Name (first and last): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Sprint Individual \$75**      **Shirt Size [S, M, L, XL, 2XL, 3XL]:** \_\_\_\_\_

**Sprint Relay \$100**      **Relay Member Names (and shirt sizes – and Team Name):** \_\_\_\_\_

**Olympic Individual \$90**      \_\_\_\_\_

**Olympic Relay \$130**      **Experience Level or Approximate Finish time:** \_\_\_\_\_

**Age at time of the event:** \_\_\_\_\_

**How did you hear about this event?** \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Allergies, limitations or dietary restrictions: \_\_\_\_\_

In consideration of myself and/or the minor child being permitted by the Amador County Recreation Agency (“ACRA”) to participate in the above described activity, I, the undersigned, hereby waive, release, and discharge in advance any and all claims for damages for personal injury, death, or property damage which I and/or said minor child may sustain or which may occur as a result of my and/or the minor child’s participation in said activity. This release is intended to discharge in advance ACRA, its officers, employees, volunteers, or agents from and against any and all liability arising out of or connected in any way with the participation of myself and/or the minor in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of ACRA, its officers, employees, volunteers, or agents.

I understand that the described activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above-described activity; and that participants in the described activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless I agree to assume all risks of injury and to release and hold harmless ACRA, its officers, employees, volunteers, or agents who through active or passive negligence or carelessness might otherwise be liable to me and/or said minor child. It is further understood that this waiver, release and assumption of risk is to be binding on the heirs and assigns of said minor and/or myself, the undersigned.

I further agree to indemnify and to hold ACRA, its officers, employees, volunteers, and agents free and harmless from any loss, liability, damage, cost or expense, including attorneys’ fees, associated with or arising from my and/or said minor’s participation in the described activity.

I certify that if I am signing on behalf of a minor child, I have custody or am the legal guardian of said minor by court order. I hereby give my consent that in the event said minor requires medical or surgical treatment while under the supervision of said ACRA’s recreation personnel in connection with the described activity, such supervisor may authorize treatment. I also agree to pay all medical, hospital, or other expenses which said minor may incur as a result of such treatment.

**I have carefully read this Waiver of Liability, Medical Release, and Indemnification Agreement, and fully understand its contents. I understand and agree that if I am signing this Agreement on behalf of my minor child, that I will be giving up the same rights for said minor as I would be giving up if I signed this document on my own behalf. I am aware that this is a release of liability and a contract between me and ACRA and I sign it of my free will.**

**I hereby release, discharge, waive and covenant not to sue District, its officers, agents, and/or employees for any and all claims, actions and/or liability arising out of the strict liability or ordinary negligence of District or any other participant which causes the undersigned property damage, injury, or death. Additionally, by signing this document, I further release District from any and all claims and liabilities for injuries or property damage arising from my own negligence or otherwise.**

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature (if participant under 18): \_\_\_\_\_

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**There is a \$25.00 fee for all returned Checks**

Office Use: Check # \_\_\_\_\_ Date on Check: \_\_\_\_\_ Cash Amount: \_\_\_\_\_ Date Received: \_\_\_\_\_