

Fill Out On Desktop or Print & Scan Written Copy. Send file to [amfox@amadorgov.org](mailto:amfox@amadorgov.org) or drop off at ACRA Office (10877 Conductor Blvd, Ste 100, Sutter Creek)



# Be Active

## Amador County Recreation Agency

### Participant Information

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

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

Email: \_\_\_\_\_

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

### Emergency Contact Information

Name (s): \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

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

In case of Medical Emergency, we will dial 911.

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

### Please initial the following:

\_\_\_\_\_ I give ACRA permission to photograph myself and/or my child as a participant in an ACRA activity and to reproduce any such image of my child and/or myself. I understand that my/his/her likeness may be reproduced in part or whole for the purpose of on-going program promotion. I release ACRA from any obligation to compensate me, or any party acting on my behalf for the use of the above-mentioned media.

\_\_\_\_\_ Class enrollment occurs upon full payment along with signed waiver.

\_\_\_\_\_ I understand that if class is cancelled by ACRA due to lack of interest or participation, ACRA will refund the full amount paid within 15 working days.

\_\_\_\_\_ I understand that a withdrawal from the class must occur at least three working days prior to the start of the class in order to receive a full refund. There will be no refunds once the class has started.

\_\_\_\_\_ I understand that there is a \$75.00 fee for all returned checks per County of Amador Treasurer.

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 do hereby fully release ACRA and its officers, agents and employees from any and all claims from injuries, damage or loss which I, or any minor child may have or which may occur to my minor child on account of his/her being transported by automobile.

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.**

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

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