



# Activity Agreement, Waiver, and Release

In consideration for being permitted by the above district to participate in the above activity, 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 above district (its officers, employees, volunteers, and agents), Mt. Diablo School District 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.

**PARENTAL CONSENT:** (To be completed and signed by parent/guardian)

I hereby additionally consent that my son/daughter, \_\_\_\_\_, may 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.

**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 ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.**

**I FURTHER UNDERSTAND THAT NO MEDICAL INSURANCE IS PROVIDED AND THAT NO REFUNDS WILL BE GIVEN UNLESS ACTIVITIES ARE CHANGED OR CANCELLED BY PLEASANT HILL RECREATION & PARK DISTRICT.**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**PARTICIPANT'S EMERGENCY INFORMATION (Print in black ink)**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Home # \_\_\_\_\_

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

Mom's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Pager # \_\_\_\_\_

Dad's Name \_\_\_\_\_ Work# \_\_\_\_\_ Cell # \_\_\_\_\_ Pager # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Health Plan \_\_\_\_\_ Card # \_\_\_\_\_ Other Medical info \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
(other than parent)

List any allergies or other health problems for child or parent that we should be aware of: \_\_\_\_\_

Date of last child's immunization: MMR \_\_\_\_\_ Polio \_\_\_\_\_ Hepatitis \_\_\_\_\_ Other \_\_\_\_\_

**This form MUST be completed and returned to P.H.R.&P.D. Administration Office before minor may participate.**