

City of San Pablo Recreation Division
 2450 Road 20, San Pablo, CA 94806
 Ph: (510) 215-3080 Fax: (510) 215-3015
 January 1, 2020 – December 31, 2020



recreation@sanpabloca.gov
www.sanpabloca.gov

Liability Waiver for all activities and classes within the Recreation Division of the City of San Pablo					
Additional program/activity permission slips maybe also required.					
Each person age 18 and over in the household, listed in the Participant's Information section below, must sign and date this form.					
Participant's Information (under 18)					
First Name	Last Name	M/F	School Grade as of 9/1/20	Date of Birth	Age (as of 1/1/2020)
1.					
2.					
3.					
4.					
Household Information-Primary Contact					

Parent/Head of Household 21+ Years: _____
(Last Name) (First Name)

Street Address: _____ City: _____ Zip: _____

Primary Contact #: _____ Additional Contact #: _____ Email: _____

Emergency Contact Name: _____ Emergency Phone: _____ Relation: _____

Waiver, Release of Liability, Assumption of Risk and Hold Harmless Agreement

I, the undersigned, certify that I am at least 18 years old; I am [or the minor child named below is] in good physical condition and have not been advised otherwise by any qualified medical practitioner; have sufficiently trained for participating in the activities for the Program indicated above; have sufficient knowledge of the related equipment; and voluntarily wish to participate in the Program.

I understand that serious accidents occasionally occur during these activities and that participants in these activities occasionally sustain serious personal injuries, death and property damage. I understand that the risks involved with these activities can include risks from the weather, surface and environment conditions, equipment conditions, transportation to and from the activities, and interference from nearby activities. I understand that there is a risk of injury from being struck or tripped, or from bodily contact by other participants in this activity or their equipment. I understand that there is a risk of injury to muscles, tendons, ligaments, joints, bones, nerves and other bodily parts and systems from participating in these activities. I understand that in addition to these risks, there are unpredictable dangers involved in these activities. Knowing all of these risks, I voluntarily desire to participate [have my minor child participate] in this activity and assume all risks. If I observe [or my child observes] any unusual or significant hazard, I [we] will bring it to the attention of the nearest official immediately and remove myself [my child] from participation if necessary.

In consideration of my [my child's] participation in these activities, I [we] voluntarily release the City of San Pablo and its Council Members, Commissioners, officers, employees, volunteers, and agents, and any sponsors or promoters of these activities, from all claims, liability, cost and expense, including attorneys' fees, which I [we] may have or may accrue to me [us], for property damage, injury or death in any way arising from or connected with participation in these activities. This waiver and release is applicable even though the negligent acts of the released parties may have caused or contributed to the injury, death or property damage. I further agree to hold harmless, indemnify and defend the City and its officers, employees and agents, who through negligence or carelessness might otherwise be liable to me (or my heirs or assigns). This waiver, release and indemnity is binding on my [our] heirs, dependents, executors, administrators, and assigns.

I also understand that I [my child] may be photographed or filmed during my participation in these activities. I consent to the use of any photo, video or film likeness of me [my child] to be used for any legitimate purpose by the City of San Pablo

City of San Pablo Recreation Division
2450 Road 20, San Pablo, CA 94806
Ph: (510) 215-3080 Fax: (510) 215-3015
January 1, 2020 – December 31, 2020



recreation@sanpabloca.gov
www.sanpabloca.gov

or the sponsors and promoters of these activities, including but not limited to City publications, general newspapers, tv, radio, social media, and the internet. I [We] will not receive any compensation for use of these photographs or films.

In the event of injury or illness, I hereby consent to and agree to be responsible for the costs for transportation to a medical facility and whatever examination, procedure or treatment considered necessary by the medical personnel.

I agree to abide by any rules and regulations of the City of San Pablo, any sponsor or promoter, or any team affiliated with these activities.

All refund requests will only be considered five days before the first date of the class. All refunds and/or transfers initiated by the customer will have a \$10.00 cancellation fee applied. All programs are subject to cancellation or combination due to low enrollment. If a cancellation is issued by the City, a full refund will be issued if the customer is not able to transfer to another program.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK, FULLY UNDERSTAND IT AND SIGN IT FREELY AND VOLUNTARILY.

Printed Name 1: _____ Signature: _____ Date: _____

Printed Name 2: _____ Signature: _____ Date: _____

Staff Use Only

Accepted By: _____

Date Flagged in CivicRec: _____