

TCPUD Department of Parks and Recreation

Registration Form, Release of Liability and Agreement to Indemnify

Please Identify Your Area: _____ Tahoe City to Dollar Hill* _____ Old County to Carnelian Bay**
 _____ Kings Beach** _____ Incline Village** _____ Truckee** _____ Tahoe Vista**
 _____ Squaw Valley** _____ Alpine Meadows** _____ West Shore* _____ Other

Resident* _____ **Non-Resident**** _____

*Resident must reside or own property within the TCPUD service area.

Participant Information:

Last Name	First Name	Age	Grd	Sex	Birth Date	Activity Name & Date	Fee (Office)	Pd/Dt (Office)

Adult Information:

Mother's Name (Last): _____ (First) _____

Father's Name (Last): _____ (First) _____

Physical Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone (home) _____ (work) _____ Mother's cell _____

E-mail(s) _____ Father's cell _____

Emergency Information (for children under 18)

Family Physician _____ **Phone** _____

Insurance Carrier name _____

Does your child have any **special needs / medications** we should know about? Any known **medical problems** (allergies, vision, hearing):

What action should be taken in the event of a **medical emergency**? _____ Whatever is necessary Other: _____

Who should be contacted in case of emergency (**other than adults listed above on this form**)?

Name _____ Phone (daytime) _____ (night) _____

Pick Up Authorization:

List the person(s) with **permission to pick up your child (children)** from a program (**other than adults listed above on this form**):

Name _____ Phone (daytime) _____ (night) _____

Name _____ Phone (daytime) _____ (night) _____

**RELEASE AND WAIVER OF LIABILITY AND
AGREEMENT TO INDEMNIFY FROM CLAIMS OR EXPENSES**

I, _____, for the full and adequate consideration of being a participant or
(Printed Name)
parent of a child allowed to participate myself or my minor child being permitted to participate in the recreation programs and the use of facilities and properties (both personal and real of the Tahoe City Public Utility District and the Tahoe-Truckee Unified School District, on behalf of myself and on behalf of my heirs, executors, administrators, waive and release the Tahoe City Public Utility District and the Tahoe-Truckee Unified School District and each of their officers, directors, agents and employees or independent contractors (the Released and Indemnified Parties) from any and all claims, expenses, costs or liability of any nature or kind arising directly or indirectly from participation in the activities of the Released Parties or the condition or use of personal property or real property of the Released Parties.

I do expressly covenant and agree to refrain from bringing any action, proceeding or claim in any form against the Released Parties for damages, injuries or expenses related directly or indirectly to participation in the activities of the Released Parties or associated with those activities or the use of facilities and properties. I agree to indemnify and hold free and harmless the Released Parties from any claim or expense on any nature or kind arising from my or the minor child's participation in the programs or activities of the Released Parties, including any claims for attorneys' fees, costs, expert witness fees, medical costs or any other claim or expense.

I certify by execution of this Agreement that I have the authority and capacity to enter into this Agreement. I agree that there are no implied representations, warranties or conditions to the enforcement of the obligations contained herein. I understand that the recreation program activities may have dangers and risks of injury associated with them which can be avoided by not participating in the activities. Participation in such activities may result in injury including but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability. I will consult with my or my child's personal physicians before engaging in any activities that are part of the recreation and fitness activities. I agree that the participant may be photographed or videotaped and these may be used in the promotion of any program or activity by the Released Parties or any other party without notice or compensation. I certify that I have carefully balanced the risks and obligations undertaken by my signature herewith against the alternatives of not participating and voluntarily elect participation and to execute this Agreement.

In signing below, I certify that (1) I have read the Release and Waiver of Liability and Agreement to Indemnify from Claims and Expenses: (2) I agree to fully perform the Release and Waiver of Liability and Agreement to Indemnify from Claims and Expenses: (3) I represent that I am at least 18 years of age and competent to execute this agreement.

MEDICAL TREATMENT AUTHORIZATION:

I, the undersigned, as parent, or legal guardian of above said child, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis, treatment of hospital care rendered to the minor under general or special supervision of any member of the medical staff or emergency room staff duly licensed under the provisions of the Medicine Practice Act, or a dentist duly licensed under the provisions of the Dental Practice Act. The undersigned hereby agrees to bear all costs incurred as a result of the foregoing. This authorization will remain in effect until revoked by undersigned.

Dated: _____ **Signed:** _____

Print Name of Signing Party

OFFICE NOTES:

<u>Date</u>	<u>Explanation</u>	<u>Initial</u>
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