



Registration Form

Name (Last): _____ (First) _____ (MI) _____
 (Adult/Parent/Guardian)

Address: _____
 (Street) (City) (State/ZIP)

Phone Number: () () ()
 (Home) (Cell) (Emergency)

E-mail Address: _____ Birth Date: _____
 (mm/dd/yyyy)

Additional Family Members:

First Name	Last Name	Sex M/F	Birth Date	Address

NOTE: A parent or guardian must be present to register youth 17 years and younger for any activity and/or membership. Youth 12 years and younger must have a parent or guardian present to access the basketball gym and fitness center.

REFUND POLICY

All refunds and cancellations are subject to a \$15 processing fee. Refunds will not be issued after the first class meeting. A full refund will be issued in the event that a program is cancelled by the Department of Parks and Recreation. No refunds for facility memberships after purchase. For Adult Sports and Facility Rentals, please see general information forms. All refunds must be requested in person at Salt Lake Park Recreation Center.

I have read and fully understand the Department's Policy as it relates to Refunds.

Participant's Signature: _____
 (Parent or legal guardian for participants under 18 years old)

CONSENT TO TREATMENT

The undersigned hereby authorizes the City of Huntington Park, in the event of an emergency as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

I represent that I and all minor participant(s) listed on the Activity Registration Form and Waiver and Release are in good health, have no physical disability or other impediments which would endanger our participation in the Activities.

Participant's signature: _____ Date: _____
 (Parent or legal guardian for participants under 18 years old)

Family Doctor: _____ Telephone: () _____ Insurance Company _____

Pertinent medical problems (epilepsy, diabetes, allergies) please list and explain all: _____

City of Huntington Park
 Department of Parks & Recreation
WAIVER AND RELEASE OF LIABILITY

In consideration of participation in the activities provided by the City of Huntington Park as listed on the Activity Registration Form ("Activities"), I, the undersigned adult listed below, am at least 18 years of age, and agree and understand that such programs and activities have inherent risks, and that participation may result in serious injury, including but not limited to those set forth in the assumption and acknowledgment of risks paragraph below. I further understand that the Activities will be shared with others over whom the City has no control. With the foregoing understanding, I agree as follows:

ASSUMPTION AND ACKNOWLEDGMENT OF ALL RISKS. I, on my own behalf, and on behalf of the minor(s) listed below, as their parent, legal (court appointed) guardian or custodian, knowingly, voluntarily, and freely accept and assume any and all risks, both known and unknown, of injuries or other loss or damage that result while participating in any Activities however caused, **even if caused in whole or in part by the action, inaction or negligence** of the City of Huntington Park, the Department of Parks & Recreation and its officers, employees, agents, game officials, managers and coaches (collectively referred to as "Released Parties"). Such risks include, but are not limited to cuts and bruises, falls, broken bones, injuries to wrists, arms, legs, ankles, backs, heads and necks, injuries from contact with other individuals, and/or spinal injuries. The risks assumed include those inherent in the Activities offered by Released Parties.

WAIVER OF ALL CLAIMS. I, on my own behalf, and on behalf of the minor(s) listed below, **expressly waive any and all claims, suits or demands for personal injury, property damage or other loss** against the Released Parties, and each of them, including but not limited to **any and all negligence, negligent supervision, and negligent instruction.** To the fullest extent permitted by law, this waiver is **intended to be a complete release of the Released Parties for any and all** responsibility for personal injuries, property damage or death sustained by me or the below listed minor(s) from participation in the Activities whether arising out of or resulting from, including but not limited to, my or their participation in activities, use of play equipment, parking lots, premises and facilities. This release applies for **any date in the future (including today's date)** that I, or the minor(s) listed below, may participate in the Activities and is further binding on the heirs, representatives and estates of myself, the undersigned adult below, and the below listed minor(s). I further agree to waive, release and hold harmless the Released Parties, from and against all claims, damages, injuries, expenses, or death arising out of or resulting from administering of or failing to administer medical assistance to me or any of the below-listed minor(s).

INDEMNITY. I further agree to defend, indemnify and hold harmless the Released Parties, and each of them, including attorney's fees and costs, against any and all claims, lawsuits or demands resulting from any loss, injury, damage, or death, as well as property damage, arising out of, connected to, or relating in any way to my or the below-listed minor(s)' participation in the Activities, and/or the presence on the property, including those brought by me or the below-listed minors. This agreement to indemnify the Released Parties, includes, but is not limited to any active or passive negligence of the Released Parties, any active or passive negligence by the below-listed minor(s), by me, and/or any third party.

AUTHORIZATION TO USE IMAGE AND PERSONAL INFORMATION. The Released Parties are hereby granted the right to use any images and personal information of the undersigned and minor(s) listed below, in any social media platform, websites, and other marketing materials.

I READ AND UNDERSTAND ENGLISH, HAVE CAREFULLY READ THIS AGREEMENT, FULLY UNDERSTAND ITS CONTENTS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, SIGN IT FREELY AND VOLUNTARILY AND AGREE TO BE BOUND BY IT FOR MYSELF AND ON BEHALF OF ALL BELOW-LISTED MINOR(S). If any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Adult Name (PRINT) _____ Adult Name Signature _____ DATE _____

Adult Address _____ Date of Birth _____

Phone Number (____) _____ Email _____

Minor Name (Print)	Minor Date of Birth	Adult's Relationship to Minor

