

Indian Valley Community Pool - Membership Form, Agreement, Waiver, and Release

Indian Valley Recreation and Park District - P.O. Box 928, Greenville, CA 95947/ tel. 530-284-7385

Last Name - Family Name

Home Phone

Business Phone

Cell Phone

Mailing Address

City,

State

Zip

Emergency Contact Name

Phone#

Family Doctor

Phone#

Name of Participants

Age

Medical Alert

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

In the event your children/child should be involved in an accident requiring the services of a physician, and we are unable to contact you immediately, may we have your permission to secure medical attention for you children/child? ___ Yes ___ No

Informed Consent/Participant Release

In consideration for being permitted by the Indian Valley Recreation and Parks District to participate in the above activity, **I, the participant or the parent/guardian of the above named participant**, 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 Indian Valley Recreation and Park District (its officers, employees, and agents) 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. 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 own free will.

Participant or Parent/Guardian Signature

Date