

#### AUTHORIZATION AND APPLICATION TO PARTICIPATE, RELEASE OF LIABILITY AND WAIVER

PLEASE PRINT. APPLICATION MUST BE COMPLETED IN FULL. ONE APPLICATION PER PARTICIPANT.

NAME OF PROGRAM SITE (CIRCLE ONE): **CHAPMAN** GARNET GILBERT MAPLE RICHMAN **ORANGETHORPE** NAME OF PARTICIPANT: PARTICIPANT BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ NAME OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_\_ ADDRESS: \_\_\_\_ (CITY) (ZIP CODE) HOME PHONE NUMBER: (\_\_\_\_\_) OTHER PHONE NUMBER: (\_\_\_\_\_) EMERGENCY CONTACT PERSON: RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_\_ PHONE: ( ) **AUTHORIZATION FOR PARTICIPATION** I / WE authorize the above named participant to participate in the above stated program or event sponsored by the CITY OF FULLERTON, Parks & Recreation Department. **AUTHORIZATION FOR MEDICAL TREATMENT** In case of accident or other emergency, I/we, the parent/legal guardian of the above stated participant, hereby give permission for the CITY OF FULLERTON and/or its officers, officials, agents, contractors, volunteers, boards, departments, servants or employees, to obtain emergency medical treatment for participant should medical treatment be required. IN/WE acknowledge that the CITY OF FULLERTON has no insurance to pay for the costs of medical treatment required by my/our child and do further acknowledge and agree that any such medical or related expenses incurred by my/our child will by my/our sole responsibility. PARTICIPANT'S DOCTOR: TELEPHONE NUMBER: ( ) SEIZURES: YES NO IF "YES" PLEASE STATE HOW OFTEN AND WHAT TYPE USUALLY OCCUR: PRESCRIBED MEDICATIONS:

OTHER MEDICAL CONDITIONS (PLEASE DESCRIBE, I.E. DIABETES, ALLERGIES, ETC.):

### (SEE REVERSE SIDE TO COMPLETE)

PHYSICAL OR DEVELOPMENTAL DISABILITIES	S (PLEASE DESCRIBE):
ANY OTHER INSTRUCTIONS OR PRECAUTION	NS:
RELEASE OF LIAE	BILITY AND INDEMNIFICATION AGREEMENT
FULLERTON, I/we, the undersigned parent/guardian, hereby was personal injury, property damage or wrongful death occurring to any activities incidental thereto wherever or however the same parent/guardian does for him/herself, his/her heirs, executors, action, which may hereafter arise for him/herself and for his/he administrators and assigns prosecute or present any claim for	and participate in the SUMMER PLAYGROUNDS recreational program sponsored by the CITY OF roluntarily release, discharge, waive and relinquish any and all actions or causes of action for to the above stated participant arising as a result of participation in said recreational program or a may occur and for whatever period said program may continue, and the undersigned administrators and assigns hereby release, waive, discharge and relinquish any action or cause of the restate, and agrees that under no circumstances will he/she or his/her heirs, executors, personal injury, property damage or wrongful death against the CITY OF FULLERTON and its artments, servants or employees for any of said causes of action, whether the same shall arise by
	lian initials) BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE CITY OF FULLERTON IM ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH TITY.
	that participants involved in City-sponsored recreation program are subject to being photographed F FULLERTON to use such photographs or videotapes to publicize and promote the City's
I/we, the undersigned parent/guardian hereby expressly ackno	wledge and agree that:
event.  2. I/we knowingly and freely assume all risks of my/our ch 3. The undersigned parent/guardian, on behalf of said parent/guardian, on behalf of said parevent any claim for personal injuries, property damage officials, agents, contractors, volunteers, boards, depart OF FULLERTON and the aforementioned related pare	nent injury or death, from my/our child's participation in the activities involved in this program of participation in this program or event, and assume full responsibility for his/her participation articipant and for him/herself, his/her heirs, executors, administrators or assigns agrees that in the ge or wrongful death shall be prosecuted against the CITY OF FULLERTON and/or its officers the tents, servants or employees, he/she shall defend, indemnify and save harmless the same CITY ties from any claim, cause of action, loss, liability, damage, lawsuit, cost or expense (including made or presented for said personal injuries, property damage or wrongful death.
am/are fully aware of the potential risk and hazards which a including but not limited to, any negligent acts performed by departments, servants or employees, negligently created or playing conditions, other participants, on-site physical premise of loss, damage, or injury associated with his/her participation	d, understand, and voluntarily sign this release and waiver of all liability and indemnity agreement to engaging in the specified recreational program or any activities incidental thereto the CITY OF FULLERTON and/or its officers, officials, agents, contractors, volunteers, boards maintained dangerous conditions of public property, weather conditions, equipment, machinery is, structures or substantial works of improvement. The Undersigned voluntarily assumes all risks in the specified recreational program or any activity incidental thereto. Further, the Undersigned hanges to the information contained within this Authorization as soon as such new information is
SIGNATURE OF PARENTS/LEGAL GUARDIAN	S:
DATE.	

# **FULLERTON PARKS & RECREATION**

## **CAMP HILLCREST**

# **Program Guidelines Agreement & Dismissal Authorization Form**

Child's Name:	Age:
Gender (please circle): Male Female	Birth Date:
Parent / Guardian:	
Address:(Street number) (City)	(Zip Code)
Home Phone:	Work Phone:
Cell Phone / Pag	ger:
Please check one:	
My child may walk home upon dismissa	al.
I will have an adult pick up my child from	om the playground site.
Name of adults (18 years of age) autho	rized to pick up my child:
Name:	Phone:
Relationship:	-
Name:	Phone:
Relationship:	_
Name:	Phone:
Relationship:	-
	ave personally read, understand, and voluntarily agree to the 4 GUIDELINES. I/WE also state that the above information is
(PRINTED NAME) (SIG	NATURE) (DATE)