



CITY OF ROSEMEAD

RELEASE OF LIABILITY, HOLD HARMLESS, AND AGREEMENT NOT TO SUE

I _____ (Participant’s Name – if Participant is a minor, include name of parent or guardian here _____, and parent or guardian hereby expressly and irrevocably consents to minor’s participation and all uses of “I” or “me” herein are made on behalf of both the minor and the parent or guardian), fully understand that my participation in the _____ exposes me to the risk of personal injury, death, or property damage. I understand that there are risks inherent in such activity and hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

In consideration for being permitted to participate in this activity I hereby release, discharge, and agree for myself, my heirs, administrators, executors and assigns not to sue the **City of Rosemead and/or Contracted Instructor** for any injury, death, or damage to or loss of personal property arising out of, or in connection with, my participation in the activity from whatever cause. I further agree to indemnify and hold harmless the **City of Rosemead and/or Contracted Instructor** from any and all claims, demands, actions, or suits arising out of, or in connection, with my participation in the activity.

In case of accident or other emergency, I hereby authorize personnel or volunteers of the City of Rosemead or agents of the City to secure medical care deemed necessary as a result of accident or injury of me. In the event of illness or injury, I hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon or dentist, and performed by or under the supervision of a member of the medical staff or the hospital furnishing medical or dental services.

I also permit the use of activity/event photography and/or video of my child or myself for media promotion.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL.

Date: _____
Parent or Guardian must sign for those under 18 years of age

Address: _____ City: _____

Telephone: _____ Emergency Telephone: _____

Family Medical Insurance Carrier Policy Number Insurance Co. Telephone

If your child has any special medical conditions or needs, please check box and print a description on reverse side. **TB Form turned IN**