



Recreation Services Registration Form

Mailing: 1232 Washington St.
Calistoga, CA 94515

Office: 1435 North Oak St.
Calistoga, CA 94515

Participant Name:		Birth Date:
First	Last	
Address		
City	State	Zip Code
Email	Phone Home:	Cell:
Parent/Emergency Contact Name:		Emergency Contact Phone Number:

Activity Name	Activity Code	Dates of Activity	Time of Activity	Fee	Shirt Size

Are there any special accommodations or allergies we should be aware of for your participation in the above activity or program? ___Yes ___No If yes, please explain _____

Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

I understand the nature of the activities in which the participant will be participating and believe that the participant is qualified, in good health, and in proper physical condition to participate in the Activity.

I understand that the Activity involves risks and danger of severe and serious personal, physical and emotional injury, accident, illness, or even death, as well as loss of or damage to property and that these risks and dangers may be caused by the participant's actions or inactions, the actions or inactions of other participants in the Activity, the conditions under which the Activity takes place, or the negligence of others, including the Releasees named below. I fully accept and assume all such risks and dangers, and all liability and responsibilities for any and all potential risks, injuries, losses, costs and damages associated with the participant's participation in the Activity.

I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS THE RELEASEES (CITY OF CALISTOGA, ITS OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS, INDEPENDENT CONTRACTORS, REPRESENTATIVES, SUCCESSORS AND ASSIGNS) FROM ANY AND ALL LIABILITY (CLAIMS, DEMANDS, LOSSES, COSTS, INCLUDING ATTORNEYS' FEES, DAMAGES, CAUSES OF ACTION, SUITS, OR JUDGMENTS, OF ANY KIND) SUSTAINED BY ME OR THE PARTICIPANT, CAUSED OR ALLEGED TO BE CAUSED BY, ARISING OUT OF, OR IN CONNECTION WITH, IN WHOLE OR IN PART, PARTICIPANT'S PARTICIPATION IN THE ACTIVITY, INCLUDING BUT NOT LIMITED TO, THE RELEASEES OWN PASSIVE OR ACTIVE NEGLIGENCE OR OTHERWISE. I FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE PARTICIPANT, OR ANYONE ON THE PARTICIPANT'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEYS' FEES, LOSSES, LIABILITY OR DAMAGES, OR ANY OTHER COST THAT MAY OCCUR AS A RESULT OF SUCH A CLAIM.

I HAVE CAREFULLY READ THIS FORM, RECOGNIZE THE POTENTIAL DANGERS INCIDENT TO THE PARTICIPANT ENGAGING IN THIS ACTIVITY, AND FULLY UNDERSTAND ITS CONTENT AND CONSEQUENCES, INCLUDING THAT I AM WAIVING CERTAIN RIGHTS AND ASSUMING RISKS. I ACKNOWLEDGE THAT I AM SIGNING THIS FORM FREELY AND VOLUNTARILY AND INTEND BY MY SIGNATURE FOR THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY.

I understand and acknowledge that while participating in the Activity, pictures, including video with voice/sound, may be taken of the Participant, and subsequently may be used by the City of Calistoga for program publicity and other lawful purposes without any further written agreement or authorization.

I authorize the use of the Participant's pictures, including any accompanying voice, to be exhibited, as still photographs, television, video, or similar media, and I hereby release the Releasees from all claims related to the taking and use of such pictures on the same terms described above.

Participant or Parent/Guardian's Signature (if participant is under 18 years old)

Date