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# PALMDALE PARKS & RECREATION

## LIABILITY RELEASE AND PERMISSION SLIP

CHILD'S LAST NAME	FIRST NAME	BIRTHDATE	
ADDRESS		CITY	ZIP
NAME OF PARENT/GUARDIAN			
HOME PHONE	WORK PHONE		
EMERGENCY CONTACT		PHONE	

SPORT ACTIVITY: \_\_\_\_\_

\_\_\_\_\_ HAS MY PERMISSION TO PARTICIPATE WITH

PRINT CHILD'S NAME

\_\_\_\_\_ DURING \_\_\_\_\_

PRINT TEAM NAME

WITH THE PALMDALE PARKS & RECREATION DEPARTMENT.

### NOTICE

Photographers employed by the City periodically visit our program sites and take photos of participants enrolled in our programs and using City facilities. These photos may be used for promotional purposes in City publications.

### RELEASE, WAIVER, AND ASSUMPTION OF RISK

I, the undersigned, am fully aware and understand the potential risk involved with my, or my child's participation in this physical activity. Dangers could include, but are not limited to cuts, bruises, broken bones and other debilitating or permanent physical and emotional injury, damage to personal property, or death.

I acknowledge that I voluntarily participate, or allow my child to participate, in this program. I hereby agree to assume all risk of injury, damage to persons and property, or death, and to hold the City of Palmdale, its officers, agents, volunteers or employees harmless from any liability for any injuries, or claim for damage, damage to goods, or death that may arise in connection with participation in this program. This Release, Waiver and Assumption of Risk also pertains to any actions of the City of Palmdale, its officers, agents, volunteers, or employees (excepting only the sole negligence or willful misconduct of the City) which may have caused or contributed to the injury, damage, or death. This Release, Waiver, and Assumption of Risk shall be binding upon my heirs and dependents as well as myself. I allow my child to participate freely and voluntarily in this activity and expressly assume all the risk of this program. In the event of illness or injury, the Palmdale Parks and Recreation Department is authorized to seek medical treatment and care for the above-named participant.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature of Participant and/or Guardian (Must be over 18 years of age or older)