

TCPUD Department of Parks and Recreation

Registration Form, Release of Liability and Agreement to Indemnify

Please Identify Your Area: _____ Tahoe City to Dollar Hill _____ Old County to Carnelian Bay
 _____ Kings Beach _____ Incline Village _____ Truckee _____ Tahoe Vista
 _____ Squaw Valley _____ Alpine Meadows _____ West Shore _____ Other

Resident _____ Non-Resident _____

Participant Information:

Last Name	First Name	Age	Grd	Sex	Birth Date	Activity Name & Date	Fee	Pd/Dt

Adult Information:

Mother's Name (Last): _____ (First) _____
 Father's Name (Last): _____ (First) _____
 Physical Address: _____ City _____ State _____ Zip _____
 Mailing Address: _____ City _____ State _____ Zip _____
 Phone (home) _____ (work) _____ (cell) _____
 (e-mail) _____ (other) _____

Emergency Information (for children under 18)

Family Physician _____ Phone _____

Insurance Carrier name _____

Does your child have any **special needs / medications** we should know about? Any known **medical problems** (allergies, vision, hearing):

What action should be taken in the event of a **medical emergency**? _____ Whatever is necessary Other: _____

Who should be contacted in case of emergency (**other than adult on this form**)?

Name _____ Phone (daytime) _____ (night) _____

Pick Up Authorization:

List the person(s) with **permission to pick up your child(ren)** from a program:

Name _____ Phone (daytime) _____ (night) _____

Name _____ Phone (daytime) _____ (night) _____

**RELEASE AND WAIVER OF LIABILITY AND
AGREEMENT TO INDEMNIFY FROM CLAIMS OR EXPENSES**

I, _____, for the full and adequate consideration of being

Signature of participant or Parent of child

allowed to participate myself or my minor child being permitted to participate in the recreation programs and the use of facilities and properties (both personal and real of the Tahoe City Public Utility District and the Tahoe-Truckee Unified School District, on behalf of myself and on behalf of my heirs, executors, administrators, waive and release the Tahoe City Public Utility District and the Tahoe-Truckee Unified School District and each of their officers, directors, agents and employees or independent contractors (the Released and Indemnified Parties) from any and all claims, expenses, costs or liability of any nature or kind arising directly or indirectly from participation in the activities of the Released Parties or the condition or use of personal property or real property of the Released Parties.

I do expressly covenant and agree to refrain from bringing and action, proceeding or claim in any form against the Released Parties for damages, injuries or expenses related directly or indirectly to participation in the activities of the Released Parties or associated with those activities or the use of facilities and properties. I agree to indemnify and hold free and harmless the Released Parties from any claim or expense on any nature or kind arising from my or the minor child's participation in the programs or activities of the Released Parties, including any claims for attorneys' fees, costs, expert witness fees, medical costs or any other claim or expense.

I certify by execution of this Agreement that I have the authority and capacity to enter into this Agreement. I agree that there are no implied representations, warranties or conditions to the enforcement of the obligations contained herein. I understand that the recreation program activities may have dangers and risks of injury associated with them which can be avoided by not participating in the activities. I agree that the participant may be photographed and the photographs may be used in the promotion of any program or activity by the Released Parties or any other party without notice or compensation. I certify that I have carefully balanced the risks and obligations undertaken by my signature herewith against the alternatives of not participating and voluntarily elect participation and to execute this Agreement.

In signing below, I certify that (1) I have read the Release and Waiver of Liability and Agreement to Indemnify from Claims and Expenses: and (2) I agree to fully perform the Release and Waiver of Liability and Agreement to Indemnify from Claims and Expenses.

MEDICAL TREATMENT AUTHORIZATION:

I, the undersigned, as parent, or legal guardian of above said child, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis, treatment of hospital care rendered to the minor under general or special supervision of any member of the medical staff or emergency room staff duly licensed under the provisions of the Medicine Practice Act, or a dentist duly licensed under the provisions of the Dental Practice Act. The undersigned hereby agrees to bear all costs incurred as a result of the foregoing. This authorization will remain in effect until revoked by undersigned.

Dated: _____ **Signed:** _____

Print Name of signing party

VISA / MC _____ Exp. date _____

VISA / MC _____ Exp. date _____

LAST 3 DIGITS ON BACK OF CREDIT CARD _____

NAME ON CARD _____

OFFICE NOTES:

<u>Date</u>	<u>Explanation</u>	<u>Initial</u>
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TCPUD Department of Parks and Recreation

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