



Virtual Recreation Classes Registration Form

Class: _____ **Time:** _____ **Day:** _____

Participants Name: _____ **Age:** _____

Date of Birth: _____

Address: _____ **Phone:** _____

City: _____ **Zip:** _____ **Phone:** _____

Parent/Guardian Name: _____

Email: _____

Emergency Contact: _____ **Phone:** _____

Family Physician: _____ **Phone:** _____

Pertinent Medical History Information (Epilepsy, Diabetes, Asthma, Allergies, Etc.): _____.



CITY OF SOUTH EL MONTE

1415 N. SANTA ANITA AVENUE
South El Monte, CA 91733
(626) 579-6540



WAIVER, RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE

I, _____ (FULL NAME OF PARENT/LEGAL GUARDIAN), fully understand that the participation of _____ (FULL NAME OF CHILD/MINOR) ("Participant") in the _____ (hereinafter "event/class/program") exposes myself and the Participant to the risk of personal injury, death, communicable diseases, illnesses, viruses, or property damage. I hereby acknowledge that myself and the Participant are voluntarily participating in this event/class/program and I agree to assume any such risks related to that participation.

I hereby release, discharge, and agree not to sue the City of South El Monte for any injury, death or damage to myself or the Participant, or loss of personal property, arising out of or in connection with, my or the Participant's participation in the event/class/program from whatever cause, including the active or passive negligence of the City of South El Monte or any other participants in the event/class/program. The parties to this AGREEMENT understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision.

I further understand that the COVID-19 (Coronavirus) outbreak is an ongoing and developing situation. The City of South El Monte encourages the community to monitor publicly available information and to always follow federal, state and county public health guidance and government mandates. While participating in these activities, I understand that I and the Participant are required to follow all applicable social distancing orders and guidelines, and agree to do so. By potentially being exposed to others who might have COVID-19, I hereby assume the risks of exposure to COVID-19 and assume all potential health risks to myself or the Participant. The City is following recommended steps by County health officials to ensure safety of all participants however, I understand and acknowledge that the City cannot protect myself or the Participant against all possible risks of COVID-19. The City encourages its residents to wash their hands frequently and take all necessary steps to protect their health consistent with federal, state and county public health guidelines.

In consideration for being permitted to participate in the event/class/program, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of South El Monte from any and all claims, demands actions or suits arising out of or in connection with my or the Participant's participation in the event/class/program.

[PLEASE TURN OVER FOR SIGNATURES]

I HAVE CAREFULLY READ THIS RELEASE, 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 ON MY OWN FREE WILL.

Signature – Parent or Guardian

Full Name of Child/Minor

Date

DECLARATION

I, _____, declare under penalty of perjury under the laws of the State of California that I am the parent or legal guardian of the Participant. I further declare that I shall indemnify and hold harmless the City of South El Monte from and against any and all Claims resulting from, incident to, or arising out of the Participant's participation in the event/class/program, any and all risks assumed by Participant and myself above, and/or the breach of any promises, covenants, and/or representations made by me herein and/or in the above Release.

By: _____
Signature of Parent/Legal Guardian

Name: _____
Printed Name of Parent/Legal Guardian
