



CITY OF VACAVILLE  
**PROGRAM REGISTRATION FORM, LIABILITY  
RELEASE, MEDICAL RELEASE,  
AND INDEMNIFICATION AGREEMENT**

Please complete all applicable sections of this form and sign your name on the reverse side. A separate form is required for each activity or program enrolled in, to be filled out by the participant or the participant's parent or legal guardian.

**PARTICIPANT INFORMATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_

APARTMENT NO: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ STUDENT CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

If participant is a MINOR complete the following:

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**ACTIVITY/PROGRAM REGISTRATION**

DESCRIBE ACTIVITY OR PROGRAM REACH, A.W.A.R.E., Vacaville Youth Roundtable (YRT is held on the 4<sup>th</sup> Friday of the month from 7:30-9am)

CITY PROGRAM CONTACT INFORMATION:

NAME: Judith Franco TITLE: Senior Program Coordinator

WORK PHONE: 707-449-1859 CELL PHONE: 707-416-1598

As part of our commitment to the "Americans with Disabilities Act" and our participants, are there any special accommodations needed for your participation in the above activity or program?  Yes  No

**SEE REVERSE SIDE**

**LIABILITY RELEASE, MEDICAL RELEASE,  
AND INDEMNIFICATION AGREEMENT**

In consideration for being permitted by the City of Vacaville ("City") to participate in the above-described program and/or activity, ("Activity") I hereby waive, release and discharge any and all claims and damages for personal injury, death, or property damage which I and/or my minor child may sustain or which may occur as a result of my participation in said Activity. I understand and agree that:

1. This release is intended to discharge in advance the City and its officers, officials, employees, contractors, agents and volunteers ("City personnel") from and against all liability arising out of or connected in any way with my participation in said Activity;
2. Participation in said Activity may be of a hazardous, strenuous, and/or physical nature and may involve interaction with other participants;
3. Participation in said Activity may involve risk of serious injury, disability, or death, or property damage and loss, which may result not only from each participant's actions, inactions, or negligence, but also from the actions, inactions or negligence of others, including the actions, inactions or negligence or other legal fault of the City and/or City personnel, or from the conditions of the facilities, equipment, or areas where said Activity is being conducted, or from the unavailability of emergency medical care;
4. Knowing the risks involved, I nevertheless voluntarily request permission to participate in said Activity;
5. I hereby assume any and all risks of injury, death or property damage arising out of or connected in any way with my participation in said Activity.;
6. I hereby release, discharge and absolve the City and all City personnel in advance from and against any and all liability, injury, or damage arising out of or in connection with my participation in said Activity, or the failure on the part of the City and/or City personnel to comply with any obligations related to said Activity, even though that liability, injury, or damage may arise out of the negligence or other legal fault of the City and/or City personnel;
7. I will indemnify and hold the City and all City personnel harmless from any loss, liability, damage, cost or expense, including litigation, arising out of or connected in any way with my participation in said Activity;
8. In the event participant is a minor, participant is expressly permitted to travel by private automobile and/or City vehicle to and from all events and activities as needed if related to said Activity, and the City and all City personnel are hereby released, discharged and absolved from and against any and all liability, injury, or damage arising out of or connected with said transportation;
9. I and/or each minor child listed herein are in good health and have no physical condition which would prevent safe participation in said Activity; I agree to immediately report to the on site program or activity supervisor any unsafe condition observed by me and/or injury incurred by me and/or my minor child;
10. In the event participant is a minor and requires medical or surgical treatment while under the supervision of City personnel in connection with such Activity, such City personnel may authorize treatment;
11. I understand that the City provides no medical insurance for treatment of illness or injury and that any cost of treatment will be at my expense. I understand that the location of said Activity or the nature of the injury or illness may require the use of emergency medical services. I hereby release, discharge and absolve the City and all City personnel from and against any and all liability, injury, or damage arising out of or connected with the use of such medical services;
12. I acknowledge that said Activity is not child care as defined by the State of California;
13. I understand that City personnel may photograph or videotape me and/or my minor child and that the City may use such photographs or videotapes to promote City programs and activities. I expressly allow, and hereby waive any objection to, the City's photographing or videotaping of myself and/or my minor child when participating in said Activity. I understand all photos and videotapes will remain the sole and exclusive property of the City of Vacaville;
14. I understand and agree that this release and indemnification agreement is intended to be as broad and inclusive as permitted under California law, and that if any portion of this release and agreement is invalid, the balance shall continue in full force and effect;
15. This release and indemnification agreement shall be effective and binding upon myself and my heirs, next of kin, family, relatives, guardians, conservators, executors, administrators, trustees and assigns.

**I HAVE CAREFULLY READ THIS RELEASE AND INDEMNIFICATION AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF VACAVILLE. I VOLUNTARILY AGREE TO EACH OF THE TERMS AND PROVISIONS HEREIN AND SIGN THIS RELEASE AND INDEMNIFICATION AGREEMENT OF MY OWN FREE WILL.**

**PARTICIPANT (OR PARENT/GUARDIAN SIGNATURE)      PARTICIPANT (OR PARENT/GUARDIAN PRINTED NAME )**

\_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_