Adult Sports Registration for Minors

CITY OF LAKEWOOD
RECREATION AND COMMUNITY SERVICES
WAIVER AND RELEASE OF LIABILITY

PLEASE PRINT OR TYPE ALL INFORMATION EXCEPT SIGNATURES

Name:	*Last*	*First*	*Middle Initial*
Address:	*Number/Street*	*City*	*Zip*
Phone:	*( )*		***Team*_____**
Age:	***Date of Birth:*** *Month* *Day* *Year*		***Season*_____*Year*_____**

**** IMPORTANT! READ BEFORE SIGNING **** WAIVER, RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE

I, the undersigned, fully understand that my, or my child(ren)'s (named above) participation in the city activity(ies), (hereinafter "event/class") exposes me and/or my child(ren) to the risk of property damage, personal injury or death. I hereby acknowledge my or my child(ren)'s voluntary participation in this event/class and agree to assume any such risks. I hereby release, discharge and agree not to sue the City of Lakewood, its officers, employees and agents for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the event/class from whatever cause, including the active or passive negligence of the City of Lakewood, its officers, employees and agents or any other participants in the event/class. 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 the term is used in applicable case law and/or statutory provision. In consideration for being permitted to participate in the event/class, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of Lakewood, its officers, employees and agents from any and all claims, demands, actions or suits arising out of or in connection with my participation in the event/class. I also understand that from time to time City representatives may photograph and videotape City recreation programs and participants. By signing this form, I authorize the City to use or publish any images taken by the City showing my or my child's/children's participation.

In case of medical emergency, I understand that Los Angeles County Fire Department Paramedics will be called to administer necessary treatment. In case of emergency, contact:

Name	*Phone*	*Name*	*Phone*

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.

Date: _____ *Parent or Guardian Name:* _____ *Signature:* _____