



## RELEASE, DISCHARGE OF LIABILITY, AND ASSUMPTION OF RISK

PARTICIPANT INFORMATION		
First Name:	Last Name:	DOB:
Address:	City:	Zip:
Phone:	Email:	
Name of Activity:		
Emergency Contact:	Relation:	EM Phone:

- I, and/or my child is physically able to participate in the activity and have not been diagnosed with any illness or medical condition that would impair the ability to participate in the activity. No physician has recommended against participation.
- I am aware that the activity poses a risk of injury to me and/or my child, and that occasionally accidents occur during activities of this kind. Knowing these risks, on behalf of myself and/or my child, I freely and voluntarily agree to assume all of the risks associated with participation in the activity.
- In consideration of being permitted to enroll and participate in the activity, I agree to release and discharge the City of Diamond Bar, the Walnut Valley and Pomona Unified School Districts and the contract instructor of the activity and their officers, agents and employees (collectively referred to hereafter, as the "Program Sponsors") from any liability, causes of action, claims or damages for personal injury, property damage and wrongful death arising from or attributable to participation in the activity, whether or not such liability arises from the program sponsors' negligence in organizing, planning and implementing the activity.
- I understand that by signing this instrument, I (and my legal representatives, heirs, next of kin, assigns or any other successors in interest) am barred from presenting any claim or instituting any civil action or present any claim for personal injury, property damage or wrongful death against the Program Sponsors who, through negligence or omissions, might otherwise be liable to me, or other successors in interest for damages. I expressly agree that the foregoing release, discharge and assumption of risk is intended to be as broad and inclusive as is permitted by California law.
- In the event of a medical emergency, I authorize medical personnel attending to me to make decisions regarding immediate medical treatment as may be necessary until such time as my emergency contact can be consulted.
- In the event of a medical emergency, I authorize medical personnel attending to my child to make decisions regarding immediate medical treatment as may be necessary until such time as I or my child's emergency contact/guardian can be consulted.
- By registering for any recreation class or activity, I grant the City of Diamond Bar permission to use my, and/or my child's photograph, video or film likeness, for promotional use in any City-related media.

**I, \_\_\_\_\_ HAVE READ THIS RELEASE CAREFULLY AND FULLY UNDERSTAND IT. I UNDERSTAND THE RISKS INVOLVED IN THE ACTIVITY. I UNDERSTAND THAT BY SIGNING THIS RELEASE, I GIVE UP THE RIGHT TO SUE THE PROGRAM SPONSORS. I SIGN THIS RELEASE FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.**

**(IF THE PARTICIPANT IS A MINOR) I, \_\_\_\_\_, HEREBY WARRANT THAT I AM THE CUSTODIAL PARENT/LEGAL GUARDIAN OF \_\_\_\_\_, WHO IS A MINOR. I CERTIFY THAT I HAVE READ, UNDERSTAND AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE ON BEHALF OF MY HEIRS, SUCCESSORS, AND ASSIGNS AS IT APPLIES TO MYSELF AND TO ANY MINORS FOR WHOM I AM SIGNING.**

Adult Participant or Parent/Guardian Signature:	Date:
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