CITY OF DIAMOND BAR CALIFORNIA

RELEASE, DISCHARGE OF LIABILITY AND ASSUMPTION OF RISK

Name of Participant (minor child):_____

Participant's Date of Birth:_____

Parent or Legal Guardian:_____

Address:_____

Telephone: _____**Emergency Telephone:**_____

Name of Class or Activity ("the activity"): Healthy Diamond Bar / Connect with Rec

I the undersigned, certify that I am the parent or legal guardian of the above-named child. I enroll my child in the activity of my own volition and give him/her permission to participate.

My child is physically fit to participate in the activity and has not been diagnosed with any illness or medical condition that would impair his/her ability to participate in the activity. No physician has recommended against my child's participation.

I am aware that the activity poses a risk of injury to my child, and that occasionally accidents occur during activities of this kind. Knowing these risks, on behalf of myself and my child, I freely and voluntarily agree to assume all of the risks associated with participation in the activity.

In consideration of my child being permitted to enroll and participate in the activity, I agree (on my and my child's behalf, and on behalf of my and my child's successors, representatives, executors, heirs and assigns) to release and discharge 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 my child's 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, my child and I (and our legal representatives, heirs, assigns or any other successors in interest) are 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 otherwise, might otherwise be liable to me, my minor child, my minor child's heirs, or other successors in interest for damages.

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.

- 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 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.

Participant's Parent/ Guardian Signature:	**Participant's Signature If 14 years or older:**
Name of Class/Activity: Healthy Diamond Bar/Connect w/Rec **Date:**	