

REGISTRATION FORM



SUNRISE RECREATION & PARK DISTRICT

SunriseParks.com • 7801 Auburn Blvd., Citrus Heights, CA 95610 • (916) 725-1585

Adult/Guardian Name (please print):			Home Phone:		Cell Phone:	
Address:			City:		Zip:	
Email:		List participants medical problems or prohibitions:				
Emergency Contact Name:			Relationship to Participant:		Phone:	
Participant Name	Gender	DOB	Activity/Class Name/School	Code	Start Date	Fee
						\$
						\$
						\$
					Total Fees:	\$

SUNRISE RECREATION & PARK DISTRICT AGREEMENT, WAIVER, & RELEASE

In consideration for being permitted by the District to participate in the above-referenced activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the District (including its officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above.

It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors, and assigns and that I shall indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with my participation in said activity.

Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

PARENTAL CONSENT: (to be completed and signed by parent/guardian if applicant is under 18 years of age)

I hereby consent that my son/daughter, participate in the above-referenced activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with said minor's participation in said activity.

PHOTOGRAPHY POLICY: Sunrise Recreation & Park District reserves the right to photograph facilities, activities and program participants for potential future use. All photos will remain the property of Sunrise Recreation & Park District. Commercial photography by any outside party at any District program is prohibited without express written consent.

CONCUSSION PROTOCOL FOR YOUTH SPORTS: I understand that Sunrise Recreation and Park District Sports Concussion Protocol and Concussion Information Sheet are both available for review at sunriseparks.com/concussion as well as at the Sunrise District Office. By signing this agreement, I understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury and certify that I agree to abide by all of the information contained in the Sunrise Concussion Protocol and Concussion Information sheet.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.

Adult Participant or Parent/Guardian (print)

Signature

Date

Note: By signing this agreement, you are agreeing to relieve Sunrise Recreation & Park District of liability for personal injury; wrongful death or property damage except as may be caused by the active negligence of Sunrise Recreation & Park District, to release photo rights to Sunrise Recreation & Park District and that you have access to the District concussion information.

THIS SECTION IS FOR STAFF USE ONLY	<input type="checkbox"/> Amex <input type="checkbox"/> Visa <input type="checkbox"/> MC	Check #:	Amount Paid: \$	
	Credit Card #:	CVC #:	Expires:	
Print & Sign Name:	Date:	Receipt #:		