

2020

MCKINLEYVILLE COMMUNITY SERVICES DISTRICT

Parks & Recreation

P.O. Box 2037, McKinleyville, CA 95519

707-839-9003

FOR OFFICE USE ONLY

Youth Registration & Parental Consent, Release and Waiver of Liability Form:

Basketball, Tot-letics, Futsal, KidsClub, KidsCamp, BreakOut, Summer Child Care Program, Babysitting, KidsNight, Pickleball, Dog Obedience, Dog Rally/Agility, Birthday Parties, Skating, Dodgeball, Volleyball, Special Events, Dances, Softball, PlayGroup and other activities authorized by my payment.

I, the undersigned, attest that I am the stated minor's parent/legal guardian. As such, I hereby give permission for said minor to participate in any activity sponsored by the McKinleyville Community Service District (MCSD). In consideration of the acceptance of an application on behalf of said minor for participation in any programs offered by MCSD, including but not limited to any activity occurring from January 1, 2020 - December 31, 2020, I fully understand said minor's participation in recreation programs may expose the participant to the risk of personal injury, death, or property damage. I hereby acknowledge said minor will be voluntarily participating in specific programs authorized by my payment and, as such, agree to assume any risks associated with said programs and risks to the minor participant attendant thereto. I hereby release, discharge, and agree not to sue MCSD for any injury, death, or damage to, or loss of personal property arising out of or in connection with the stated minor's participation in any said programs from whatever cause, including, without limitation, the active or passive negligence of MCSD, its agents, employees, instructors and/or contractors, or other participants in said program. In consideration for said minor being permitted to participate in said programs, I hereby agree, for myself, my heirs, administrators, executors, and assigns that I shall indemnify, defend and hold harmless MCSD, its' agents, employees, instructors and/or contractors from any and all claims, demands, actions, or suits asserted by me or on my behalf or the stated minor's behalf out of or in connection with said minor's participation in said program. In addition to, and without limitation on, the foregoing, I acknowledge that participation in the MCSD programs includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF MCSD or others, and assume full responsibility for my and/or the stated minor's participation. Furthermore, I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or that of the stated minor's presence or participation indicative of symptoms associated with infectious disease (e.g., fever, cough, nausea, body aches, etc.), I will remove myself and/or the stated minor from participation and bring such to the attention of the nearest MCSD employee or agent. I, for myself and on behalf of the stated minor and our respective heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS MCSD and their officers, officials, agents, and/or employees, other participants, and sponsors WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law. Furthermore, I have the legal right and hereby give permission for my son/daughter/ward to participate and be photo- graphed/video-taped in any activity sponsored by MCSD. I have the legal right to and hereby give permission for any use of photos or videos of said participant without limitation (including public release) or consideration.

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations including, without limitation, any related to protection against communicable diseases. My child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above to the fullest extent provided by law.

I have carefully read this Release and Waiver of Liability Form and agree not to sue MCSD or any of its employees, agents, instructors and/or contractors and understand its contents. I am aware that this is a full release of all liability and I sign it on my own free will.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Minor's Name(s): _____

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Primary Guardian (Head of Household): _____ Date of Birth: ____/____/____
First Last

Primary Phone #: _____ Secondary Phone #: _____

Secondary Guardian (living at same address): _____ Date of Birth: ____/____/____
First Last

Primary Phone #: _____ Secondary Phone #: _____

Mailing Address: _____ City, State Zip: _____

Email Address: _____

Minor's Name: _____ Male Female
First Last

Date of Birth: ____/____/____ Age: _____ Grade: _____ School: _____

Emergency Contact: _____ Phone (H): _____ (C) _____

Doctor's Name: _____ Phone: _____

Does child have a physical/medical or mental limitation? Allergies? Yes No If yes, explain below:

Minor's Name: _____ Male Female
First Last

Date of Birth: ____/____/____ Age: _____ Grade: _____ School: _____

Emergency Contact: _____ Phone (H): _____ (C) _____

Doctor's Name: _____ Phone: _____

Does child have a physical/medical or mental limitation? Allergies? Yes No If yes, explain below:

Minor's Name: _____ Male Female
First Last

Date of Birth: ____/____/____ Age: _____ Grade: _____ School: _____

Emergency Contact: _____ Phone (H): _____ (C) _____

Doctor's Name: _____ Phone: _____

Does child have a physical/medical or mental limitation? Allergies? Yes No If yes, explain below:

Residential Status

*based on address of individual completing form

Is your residence within the McKinleyville Community Services District service area? Yes No

If not, do you own property or a business within the service area? Yes No If yes, explain below:

Business Name

Street Address