2019

MCKINLEYVILLE COMMUNITY SERVICES DISTRICT
Parks and Recreation
P.O. Box 2037, McKinleyville, CA 95519 - 839-9003

OFFICE CODE

2019

Adult Consent Release & Waiver of Liability Form:

I, the undersigned, understand that participation in some recreation activities is inherently hazardous, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of injury does exist. I, the undersigned, certify that I am in good health and able to participate in activities for which I register and/or pay the program fee. I, the undersigned, hereby acknowledge that I am voluntarily participating and agree to assume any risks associated with my participation in the following sponsored programs offered by the McKinleyville Community Services District from January 1, 2019 - December 31, 2019: Basketball, Softball, Soccer, Dog Training, Zumba, Volleyball, Skating, Language Classes, Special Events, Boxing, and other activities authorized by my payment. I fully understand participation in said programs may expose participants to the risk of personal injury, death, or property damage. I hereby release, discharge, and agree not to sue the McKinleyville Community Services District for any injury, death, or damage to, or loss of personal property arising out of or in connection with participation in said programs from whatever cause, including the active or passive negligence of the McKinleyville Community Services District or other participants in said program. In consideration for being permitted to participate in said program, I hereby agree, for myself, my heirs, administrators, executors, and assigns that I shall indemnify and hold harmless the McKinleyville Community Services District, its' agents and employees, from any and all claims, demands, actions, or suits asserted by me or on my behalf out of or in connection with participation in said program.
The undersigned gives permission to be photographed/videotaped during participation in any activity sponsored by McKinleyville Community Service District. The undersigned gives permission for any use of photos or videos without limitation (including public release) or consideration.

I have carefully read this release, hold harmless, and agree not to sue and understand its' contents. I am aware that it is a full release of all liability and I sign it on my own free will.

X_____ Date: _____

Full Name: _____ O Male O Female
First Last

Mailing Address: _____

City, State, Zip: _____

E-mail Address: _____

Date of Birth: _____ Phone (AM): _____ (PM) _____

Emergency Contact: _____

Doctor's Name: _____ Phone: _____

Do you have a physical/medical or mental limitation? Allergies? O Yes O 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