

Livermore Area Recreation & Park District Participant Agreement, Waiver & Release Form, Photo Release Form

- 1. This completed and signed form MUST accompany each participant to the first class meeting.
- 2. A separate form is needed for each activity.
- 3. LARPD requires all participants to have a form on file with the instructor.

Participant's Name			Date of Birth	
Address (include city, state and zip code	e)			
☐ Male ☐ Female Age	Gra	ade	Email Address	
Home Phone	Work Phone		Cell Phone	
Activity Name	Activity Date(s)			
EMERGENCY PHONE	Name of EMERG	ENCY contact		
Doctor's Name		Insurance Carrier	number	
Medical conditions (allergies, etc.)				
AGR	EEMENT, WA	AIVER, & RELE	ASE	
intended to discharge in advance to liability arising out of or connected may arise out of negligence or car understood that this activity involvance hereby assume those risks. It is fur on my heirs and assigns. I agree to any loss, liability, damage, cost, or property damage that I may sustain	ed in any way with relessness on the ves an element of the agreed that to indemnify and or expense which	ith my participati e part of the perso of risk and dange t this waiver, rele to hold the abov on they may incur	on in said activity, early one or entities mention of accidents and knase and assumption e person or entities as the result of my description.	even though that liability oned above. It is nowing those risks I of risk is to be binding free and harmless from
PARENTAL CONSENT: (to be	completed and	signed by parent	guardian if applican	nt is under 18 years of age.
I hereby consent that my son/daug hereby execute the Agreement, We to participate in-said activity. I her free and harmless from any loss, li or any injury or property damage to	aiver, and Releareby agree to include inability, damage	demnify and hold , cost, or expense	alf. I state that said the persons and enter that they may incur	tities mentioned above r as a result of the death
I HAVE CAREFULLY READ THIS A UNDERSTAND ITS CONTENTS. I AND A CONTRACT BETWEEN M FREE WILL.	AM AWARE TH	HAT THIS IS A RI	LEASE OF LIABILI	TY
Parent/Guardian Name		Re	ationship	
Signature			Date	

PHOTO RELEASE FORM

I hereby grant the Livermore Area Recreation and Park District, their legal representatives and assigns (including any agency, client, or publication), irrevocable permission to publish photographs of me taken at a District facility or event. These images may be published in any manner, including advertising, periodicals, greeting cards and calendars. Furthermore, I will hold harmless the aforementioned District, their representatives and assigns, from any liability by virtue of any blurring, distortion or alteration that may occur in producing the finished product, unless it can be proven that such blurring, distortion or alteration was done with malicious intent toward me.

	n that I am more Ily understand its	-	rs of age and competent to sign this contract	. I have read this release
☐ Acc	cept 🗌 De	ecline		
Partici	pant's Name (please	e print)		
Partici	pant's Signature:			
Date				
I am th	ne parent or guar	dian of the m	Γ (IF APPLICABLE): ninor named above and have legal authority ased on the contents of this release.	to execute this release. I
Parent	/Guardian Signat	ure:		_
Date				

Both forms must be completed and turned in to the instructor at the first activity meeting or the participant WILL NOT BE ALLOWED TO PARTICIPATE until they are completed. No refunds will be issued for days not participated.