

# MCFARLAND RECREATION AND PARK DISTRICT

100 South Second St. McFarland, CA 93250 \*\* Phone: (661)792-3187 Fax: (661)792-6846

[www.mcfarlandrpd.com](http://www.mcfarlandrpd.com) (Like us on Facebook)

## REGISTRATION FORM FOR

(Activity)

Participant Name	Grade	Age	Birthday	Sex	*If incorrect shirt size is ordered by the parent/ participant, a replacement fee will apply*							
					Shirt Size:							
					YXS	YS	YM	YL	AS	AM	AL	AXL
					YXS	YS	YM	YL	AS	AM	AL	AXL
					YXS	YS	YM	YL	AS	AM	AL	AXL
					YXS	YS	YM	YL	AS	AM	AL	AXL

### Parent/Legal Guardian Information:

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMERGENCY #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ PARENT WILL COACH A TEAM: \_\_\_\_\_

### AGREEMENT, WAIVER, AND 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.

PHOTOGRAPHIC RELEASE: I understand that photographs may be taken during this activity and hereby grant the District permission to use any such photo(s) for advertising or in promotional materials.

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

I hereby consent that my son/daughter participate in the above 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.

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.

**\*\*NO REFUNDS\*\***

Signature \_\_\_\_\_ Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Amount Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_ By \_\_\_\_\_

**\*\* Make checks payable to McFarland Recreation and Park District \*\* MRPD does not provide Medical-Accident Insurance for participants.**