



**CITY OF RED BLUFF PARKS AND RECREATION DEPARTMENT  
PARTICIPANT REGISTRATION AND LIABILITY RELEASE FORM**



**INSURANCE IS THE RESPONSIBILITY OF THE PARTICIPANT**

In consideration of being permitted to participate in the program or league mentioned for recreational benefits to myself, my child or charge or my heirs, I and my heirs and assigns do hereby release, discharge and covenant not to sue the City of Red Bluff, Red Bluff Elementary & High School Districts, Amateur Softball Association of America, Red Bluff Community/Senior Center, it's directors, officers, supervisors, sponsors, referees, umpires or other employees or agents arising out of any personal injury, death or property damage that is incurred by myself, my child or charge during said participation, whether active or inactive, but only in proportion to and to the extent such liability, claims, damages, losses, expenses, or attorneys' fees, are caused by or result from the negligent acts or omissions of Applicant, its officers, employees, agents, guests or invitees. I also fully understand that there may be some risks involved in participation, including but not limited to those associated with weather conditions, facility conditions, equipment and the conduct of other participants. I also understand that the City of Red Bluff does not operate licensed day care programs, but operates drop-in programs and children or participants may come and go from the programs as they desire. I have read this document and I elect to accept all risks associated with the participation in said activity and I, therefore, voluntarily sign my name evidencing my acceptance of the above provision for myself, my child or charge.

\* \_\_\_\_\_  
Participant's Signature (Parent or legal guardian's signature if under 18)    Date: \_\_\_\_\_

PARTICIPANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ALTERNATE CONTACT PERSON \_\_\_\_\_

PARTICIPANT'S BIRTHDATE/ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ PROGRAM TITLE Winter Camp

PROGRAM DATE \_\_\_\_\_ TIME \_\_\_\_\_ FEE \$13 Full Day, \$7 Half Day

**CONSENT TO MEDICAL TREATMENT OF MINOR:**

I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that the City of Red Bluff provides no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. The location of the activity or the nature of the illness or injury may require the use of emergency medical personnel. I further agree that the City of Red Bluff may act in an emergency as best fits the situation in the event either myself or emergency contact cannot be reached.

Name of Personal Physician: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Signature of Participant or Parent/Guardian: \* \_\_\_\_\_

List below persons authorized to take your child from the program: (The child will not be allowed to leave with any other person.)

Name	Phone	Relationship

Voluntary information that may help us in working with your child. **PLEASE INCLUDE ANY FOOD ALLERGIES YOUR CHILD MAY HAVE!**

\_\_\_\_\_