

CITY OF LAKEWOOD
RECREATION AND COMMUNITY SERVICES
WAIVER AND RELEASE OF LIABILITY



PLEASE PRINT OR TYPE ALL INFORMATION EXCEPT SIGNATURES

Name:	Last _____	First _____	Middle Initial _____
Address:	Number/Street _____	City _____	Zip _____
Phone:	() _____	Team _____	
Age:	Date of Birth: Month Day Year	Season _____ Year _____	

*** IMPORTANT! READ BEFORE SIGNING *** WAIVER, RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE

I, the undersigned, fully understand that my and/or my child(ren)'s participation in the activity(ies), hereinafter referred to as "EVENT/CLASS" exposes me and/or my child(ren) to the risk of personal injury, death, communicable diseases, illnesses, viruses, or property damage. I hereby acknowledge my and/or my child(ren)'s voluntary participation in EVENT/CLASS and agree to assume any such risks. I hereby release, discharge and agree not to sue the City of Lakewood, hereinafter referred to as "CITY", its officers, employees and agents for any injury, death or damage to or loss of personal property arising out of, or in connection with, my and/or my child(ren)'s voluntary participation in EVENT/CLASS from whatever cause, including the active or passive negligence of CITY, its officers, employees and agents or any other participants in EVENT/CLASS. The parties to this agreement understand that this document is not intended to release any party from any act or omission of gross negligence, as the term is used in applicable case law and/or statutory provision. In consideration for being permitted to participate in EVENT/CLASS, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless CITY, its officers, employees and agents from any and all claims, demands, actions or suits arising out of or in connection with my and/or my child(ren)'s voluntary participation in EVENT/CLASS. I understand and agree that EVENT/CLASS may be recorded for viewing and/or listening by others during EVENT/CLASS and at a future date. I consent to CITY's use of audio and video recordings and photographs of me and/or my child(ren) during EVENT/CLASS and that CITY may use audio and video segments or photographs of me and/or my child(ren) for any purpose, including but not limited to news, advertising and promotional purposes, without compensation to me and/or my child(ren). I hereby release and hold harmless CITY from any claims relating to the use of my and/or my child(ren)'s likeness and image. I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL. In case of medical emergency, I understand that Los Angeles County Fire Department Paramedics will be called to administer necessary treatment. In case of emergency, contact:

Name _____	Phone _____	Name _____	Phone _____
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Date: _____ **Parent or Guardian Name:** _____ **Signature:** _____