



MISSION OAKS RECREATION & PARK DISTRICT
 3344 Mission Avenue, Carmichael, CA 95608
 Phone: 916-488-2890 E-mail: DistrictOffice2@morpd.com

Receipt # _____

Participant Name (Print) _____ Birth Date _____
 Address _____ City _____ Zip _____
 Email Address _____ Phone _____

Program/Trip	Activity Dates	Program Fee

Total \$ _____

IF REGISTERING A YOUTH UNDER AGE 18 PLEASE SUPPLY INFORMATION REQUESTED BELOW

School attending:		Grade:	Age:
Guardian Name:	Phone Number:		Number:
Emergency Contact:	Phone Number:		

Check # _____ (Make payable to **MORPD**; a \$45 fee will apply for all returned NSF checks)

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.

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-referenced 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.

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.

I have carefully read this agreement, waiver, and release and fully understand its content. I am aware that this is a release of liability and a contract between me and the above district and I sign it of my own free will.

SIGNATURE _____ DATE _____

PARENT (if applicable print name) _____