

**CITY OF SAN BUENAVENTURA  
RELEASE AGREEMENT FOR ALL PARTICIPANTS:**

**CITY OF SAN BUENAVENTURA RELEASE AGREEMENT IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE OR USE ANY CITY FACILITIES IN CONNECTION WITH THIS ACTIVITY, THE UNDERSIGNED AGREES TO THE FOLLOWING:**

**1. COVID-19 NOTICE AND ACKNOWLEDGMENT:** Although the City of San Buenaventura Parks, Recreation, and Community Partnerships Department is following all County of Ventura and CDC Guidelines, the undersigned acknowledges that he or she may still be exposed to COVID-19 during participation in this activity. The undersigned agrees to not participate in activities put on by the City or use any City facility if he or she has experienced a temperature of 100.4 degrees Fahrenheit or greater or any other symptoms of COVID-19, listed at <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>, within the 24 hours prior to participation in the activity or use of the City facility. The undersigned further agrees to not participate in activities put on by the City or use any City facility if he or she been exposed to COVID-19 or has a member of their household that was exposed to COVID-19 within the past 14 days. The undersigned acknowledges that City staff or volunteers may conduct wellness screenings of the undersigned prior to the undersigned's participation in activities or use of City facilities and that failure to undergo the screenings may result in the denial of entry to or participation in a City facility or activity.

**2. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE CITY OF SAN BUENAVENTURA, ITS EMPLOYEES, OFFICERS AND AGENTS** (hereinafter referred to as "releasees") from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any loss, damage, or claim therefore on account of injury, contraction of illness, including COVID-19, to the person or injury to property of the undersigned, whether caused by any negligent act or omission of the releasees or otherwise while the undersigned is participating in a City activity or using any City facilities in connection with the activity.

**3. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS** releasees from all liability, claims, demands, causes of action, charges, expenses, and attorney fees (including attorney fees to establish the releasees right to indemnity or incurred on appeal) resulting from involvement in this activity whether caused by any negligent act or omission of the releasees or otherwise.

**4. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE** while upon City property or participating in the activity or using any City facilities and equipment whether caused by any negligent act or omission of releasees or otherwise. The undersigned expressly agrees that the foregoing release and waiver, indemnity agreement and assumption of risk are intended to be as broad and inclusive as permitted by California law and that if any portion thereof be held invalid, notwithstanding, the balance shall continue in full legal force and effect.

**I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING** and that I am aware of the legal consequences of this agreement, including that it prevents me from suing the City or its employees, agents, or officers if I am injured or damaged for any reason as a result of participation in this activity. I further acknowledge that no oral representations, statements or inducements have been made.

**IF THE PARTICIPANT IS A MINOR, his or her custodial parent or legal guardian must read and execute this agreement on his or her behalf. I hereby warrant that I am the custodial parent or legal guardian of**

\_\_\_\_\_ (PRINT PARTICIPANT'S FULL NAME), who is a minor, and agree to the terms and conditions of the foregoing agreement on behalf of myself and said minor.

Participant or Parent/Guardian (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CITY OF SAN BUENAVENTURA, PARKS AND RECREATION DEPARTMENT**  
**Youth Program - Emergency Information Form**

**Child's Name** (First Name, Last Name): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ School: \_\_\_\_\_

**Parent/Guardian Information (Authorized to Pick-Up Child):**

**Parent/Guardian Name #1:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Parent/Guardian Name #2:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Additional Information**

1. Does your child have any health concerns (medications, health conditions, etc.) that we should be aware of in order to facilitate safe and successful participation in this program?
  
2. Known allergies:

**Emergency Contact Information (Authorized to Pick-Up Child):**

**Emergency Contact #1:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Emergency Contact #2:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Waiver Form & Medical Release**

As the parent/legal guardian of the above-named child, I consent to my child's treatment by any and all medical procedures deemed necessary as a result of accident or injury. These actions may include: (1) Attempting to contact a parent/legal guardian at the locations indicated on this form. (2) Attempting to contact parent/legal guardian via any of the alternative persons indicated on this form. (3) Obtaining emergency medical assistance including, without limitation, transportation via ambulance to a hospital upon recommendation by emergency personnel. Should this become necessary, I authorize any physician and/or medical staff at a licensed hospital to provide necessary medical treatment to my child until I am notified. I understand this authorization is given in advance of any required treatment. As parent/guardian, I agree to pay any and all costs incident to my child's medical treatment.

In consideration of the City of San Buenaventura permitting my child to participate in Parks and Recreation Department programs, I release the City of San Buenaventura, its elected and appointment officials, agents, certified volunteers, and employees (collectively "City") from all liability to me and/or my child or any loss or damage, including, without limitation, my child's injury or accidental death. I will indemnify and hold City harmless from and against all claims arising from my child's participation in Parks and Recreation Department programs. I will pay all costs incident to any claim, including, without limitation, attorneys' fees. I expressly agree that this agreement is intended to be as broad and inclusive as is permitted by the law of the State of California. I give permission to the City of San Buenaventura Parks and Recreation Department to use my image or my child's, filmed during program activities, to promote its services and programs. I understand the photograph belongs to the City and I will not receive payment of any kind.

- I authorize my child to be released from Parks and Recreation Department programs without adult supervision (please specify hour, if applicable) \_\_\_\_\_.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_