City of San Gabriel Parks and Recreation Department
250 S. Mission Drive, San Gabriel, CA 91776
(626) 308-2875

Activity Registration Form

ADULT PARENT OR GUARDIAN	LAST NAME:	FIRST:	
	ADDRESS:		
	CITY:	ZIP CODE:	BIRTHDATE: / /
	DAY PHONE: ( )	CELL PHONE: ( )	

WAIVER OF LIABILITY - PHOTO RELEASE

Through this registration form, I realize that no medical insurance is provided for the City of San Gabriel activities and I fully understand that my participation exposes me (or my dependent) to the risk of personal injury, death or property loss or damage. I hereby acknowledge that I am voluntarily participating or allowing my dependent to participate in this event/class and agree to assume any such risks.

I hereby release, discharge and agree not to sue the City of San Gabriel or any of its officers, employees or agents for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation or the participation of my dependent in the event/class from whatever cause, including the active or passive negligence of the City of San Gabriel or any other participants in the event/class.

In consideration for being permitted to participate in the event/class, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of San Gabriel from any and all claims, demands, actions or suits arising out of or in connection with my participation in the event/class.

I am physically able (or my dependent is physically able) to participate in this activity. I consent to any medical treatment me or my dependent needs while involved in this activity and I agree to pay for it. I hereby consent to the use of photographs depicting me or my dependent in city printed materials and or website.

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 OF MY OWN FREE WILL.

Signature: _____ Date:_____
Parent/Guardian if under age 18

ACTIVITY NUMBER	PARTICIPANT'S NAME LAST	PARTICIPANT'S NAME FIRST	BIRTHDATE MO/DY/YR	SEX	ACTIVITY NAME	FEE

Ĭ Please add $1 to my registration fees to enable youth to participate in activities through the City's Share a Dream Program. I understand that this is a voluntary donation.

TOTAL DUE: $1

FORM OF PAYMENT:
□ **CASH** □ **Check made payable to the City of San Gabriel**

□ **VISA:**_____ **Expiration Date:**_____

□ **MASTERCARD:**_____ **Expiration Date:**_____
Card Holder Signature:_____