

Daniel Lurie, Mayor



Kat Anderson, Commission President
Philip A. Ginsburg, General Manager

LIABILITY WAIVER

PARTICIPANT NAME (LAST) (FIRST)

PARTICIPANT MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)

HOME PHONE EMAIL

EMERGENCY CONTACT (NAME) (RELATIONSHIP) EMERGENCY CONTACT PHONE (DAYTIME)
(WORK) (CELL)

ACTIVITY

Waiver of Liability

I recognize and acknowledge that there are certain risks of physical injury and property as I participate in this program, and I agree to assume the full risk of any injuries, including loss of life, personal injuries, property damages, and expenses, which I may sustain as a result of participating in any and all activities connected with or associated with the activity.

I further agree to waive and relinquish all claims to fully release discharge, indemnify, hold harmless and defend San Francisco Recreation and Parks Department and its employees, partners, volunteers, agents and servants from any and all claims resulting from injuries, including loss of life, personal injuries, property damages, and expenses, sustained by me and arising out of, connected with, or in any way associated with the activities of the program. The participant assumes all risks associated with participation in the program; San Francisco Recreation and Parks Department assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the participant, or if the participant is a child, the child's parent or guardian is encouraged to consult his or her physician concerning the participant's fitness to participate in the program.

Medical Release

In case of emergency, accident or illness, I give my permission for the above participant to be treated by a professional medical person and admitted to a hospital, if necessary. I agree to be the party responsible for all medical and hospital expenses incurred on behalf of the above participant. If there are any special auxiliary aids or services that are necessary to reasonably accommodate the participant with a disability an equal opportunity to participate in and enjoy the benefits of the program or activity, please specify them on a separate, confidential sheet.

Parent Permission

I (we), parents(s) of [or legal guardian(s) for] the above participant, hereby consent to her/him participating in this activity. I authorize the transport of the above named participant to the nearest hospital in case of injury or suspected injury while the participant is involved in a city program or activity. On behalf of the participant listed above, I accept the waiver of liability and medical release provisions of this registration form. I have read the Waiver of Liability, Medical Release, and Parental Permission, and understand all of their terms.

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SIGNATURE OF PARTICIPANT OR PARENT/GUARDIAN SIGNATURE TODAY'S DATE
(IF PARTICIPANT IS UNDER 18 YEARS OF AGE)

