

**BOULDER CREEK RECREATION & PARK DISTRICT
PROGRAM REGISTRATION FORM**

Class Name _____ First Class Date _____
Instructor _____ Class Day/Time _____
Participant's Name _____ Participant's Age _____
Address _____ Telephone _____
City / State / Zip Code _____ Out of District Status: YES NO
Emergency Name _____ Emergency Telephone _____

Agreement, Waiver, & Release

In consideration for being permitted by the above district to participate in the above 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 hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above district (the district's officers, employees, and agent) from any and all liability rising out of connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

Parental Consent *(to be completed and signed by parent/guardian if applicant is under 18 years of age)

I hereby consent that my son/daughter, _____, participate in the above activity, and I hereby execute the above Agreement, Waiver, & 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 persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, & RELEASE AND FULLY UNDERSTAND IT'S CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY OWN FREE WILL.

Sign Name _____ Date _____

Print Name _____

Please check any that apply:

Participant Parent / Guardian Senior Citizen Out-of-District

Please Send Completed Form to:

E-mail: bcrpd2@ihwy.com U.S. Postal Service: BCRPD P.O. Box 325 Boulder Creek, CA 95006
Fax: (831) 338-3793 Walk in: 13333 Middleton Avenue Boulder Creek, CA 95006