

PLEASANT HILL RECREATION & PARK DISTRICT

35th ANNUAL TURKEY TROT—November 21, 2010

Medical Release - Agreement, Waiver, and Release

November 21, 2010

Name of Minor (Please Print)	Date of Birth	Date of Program
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The undersigned authorizes a staff member or such substitute as he may designate, as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care, for the above named minor in the above activity. This must be deemed advisable by and rendered under the general or special supervision of the licensed physician, surgeon, or dentist. Such diagnosis or treatment can be rendered at the office of said physician or dentist, at a hospital, playing field, or elsewhere. Further the undersigned understands that all damages incurred by the above named name minor shall be paid for by the minor or undersigned, to owners of damaged items.

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 may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above district (its officers, employees, and agents), East Bay Regional Park District and sponsors 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 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. I understand that no medical insurance is provided. I further understand that **NO REFUNDS WILL BE GIVEN.**

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, named above, participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. 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 they 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, AND RELEASE AND FULLY UNDERSTAND ITS 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 FREE WILL.

Signature of Parent or Guardian	Date Signed
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Address of Parent or Guardian	City	State	Zip
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Home Phone	Work Phone	Insurance Company	Group/Policy Number
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Name of Physician	Physician's Phone Number
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In case of emergency in which parent or guardian cannot be reached, the following person should be notified.

Name	Home Phone	Work Phone
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This form must be completed and returned to Administrative Office before child can participate.