



City of Eureka
Community Services Department
AGREEMENT, WAIVER & RELEASE - **ADULT**

Please Read Carefully

(THE CITY DOES NOT CARRY MEDICAL INSURANCE FOR ANY PROGRAM/CLASS/ACTIVITY).

PARTICIPANT INFORMATION

PARTICIPANT NAME: _____ DATE OF BIRTH: _____ AGE: _____ M/F: _____

ADDRESS: _____ CITY: _____ ZIP: _____

DAYTIME PHONE NUMBER: _____ CELL PHONE: _____

IN CASE OF AN EMERGENCY

1. NAME: _____ DAY PHONE: _____ CELL: _____ RELATIONSHIP: _____

2. NAME: _____ DAY PHONE: _____ CELL: _____ RELATIONSHIP: _____

HISTORY

KNOWN ALLERGIES (BEE STINGS, MEDICATIONS, SPECIFIC FOODS) _____

MEDICAL CONDITIONS: ASTHMA _____ DIABETES _____ EPILEPSY _____ OTHER _____

ONLINE REGISTRATION

Please be advised that you are now a part of our customer data base and that if in the future you would like to take advantage of online registration for recreation programming you will need to set up a username and password with the Adorni Center. This can be done either in person at the front counter or over the phone.

WOULD YOU LIKE TO SET UP YOUR ONLINE REGISTRATION NOW?: _____

IF YES, PLEASE PROVIDE AN E-MAIL: _____

PHOTOGRAPHY

I give permission to The City of Eureka staff and/or local news media to photograph me during the course of regularly scheduled City of Eureka recreation programs. I am aware that these pictures may be published in the local media, posted in City of Eureka facilities, and possibly included in future brochures/publications and/or City of Eureka website.

SIGNATURE OF PARTICIPANT: _____ DATE: _____

REGISTRATION AGREEMENT

I understand that by registering in Eureka Recreation programs, I am reserving a space for myself and am responsible for program fees if I do not attend, regardless if a deposit was paid. I also understand that if I choose to remove myself from the activity, I will only be granted a refund if there is another participant on the waiting list that can fill the space.

NAME OF PARTICIPANT: _____ DATE: _____

SIGNATURE OF PARTICIPANT: _____ DATE: _____

LISTING OF ACTIVITIES, WAIVER & RELEASE OF LIABILITY

Activities may include, but are not limited to, Community Classes, Adult Sports Leagues & Tournaments, Fitness Classes, Weight & Cardio Rooms & Equipment, Basketball, Volleyball, Pickleball, special events, After School Programming, and other unlisted activities sponsored by City of Eureka Recreation. Locations include, but are not limited to, the Adorni Recreation Center, the John Ryan Youth Center, Cooper Gulch, Sequoia Park, Sequoia Park Zoo, the Municipal Auditorium, and other unlisted locations where City of Eureka Recreation may hold programming.

In consideration of participating in any of the aforementioned activities sponsored by the City of Eureka, 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 accrue as a result of my participation.

This release is intended to discharge in advance the above City (its officers, employees, volunteers and agents) from and against any and all liability arising out of or connected in any way with my participation in any activities, even though that liability may arise out of negligence or carelessness on the part of said City (its officers, employees, volunteers and agents).

I understand that the above activities may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur; and that participants occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to participate in the aforementioned City's activities and I hereby agree to assume any and all risks of injury or death and to release and hold harmless the above City (its officers, employees, volunteers, and agents) who through negligence, carelessness or any other act or omission might otherwise be liable to me.

I further understand and agree that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

I further agree to indemnify and to hold the above City (its officer, employees, volunteers and agents) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I may sustain while participating in activities.

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 THE ABOVE CITY AND MYSELF AND I SIGN IT OF MY OWN FREE WILL.

EUREKA RECREATION RESERVES THE RIGHT TO DISMISS ANY PARTICPANT WHO DOES NOT COOPERATE WITH PROGRAM STAFF AND/OR RULES.

SIGNATURE OF PARTICIPANT: _____ **DATE:** _____

PLEASE PRINT PARTICIPANT NAME: _____ **DATE:** _____