

# ACTIVITY REGISTRATION FORM AND WAIVER

PLEASE PRINT ALL INFORMATION & FILL OUT COMPLETELY • CLASSES ARE SUBJECT TO CHANGE

## PAYEE/ADULT INFORMATION

Adult First Name		Adult Last Name	
Street Address			
City	Zip	Day Phone	( )
Evening Phone	( )	Emergency Phone	( )
Email Address		Birthdate	

- Check if you live in the City of Riverside city limits and have already filled out a RIV.Dat form with proper verification.
- Check if you DON'T live in City of Riverside city limits. (Pay the Non-Resident price listed next to each activity)
- Check if you live in the City of Riverside city limits and have not filled out a RIV.Dat (Please fill out the RIV.DAT form on page \_\_\_\_\_ and include copies of proof of residency)

## EMERGENCY CONTACT / INDIVIDUALS AUTHORIZED TO PICK UP PARTICIPANTS

(Individuals not supplying DL # will not be permitted to pick up the participant)

Name	Phone Number	( )	Driver's License #
Name	Phone Number	( )	Driver's License #
Name	Phone Number	( )	Driver's License #

## CLASS AND PARTICIPANT INFORMATION

Class Code								Participant's Name	Gender	Birth Date	Program Name	Start Date	Program Location	Fee
1	2	3	4	.	5	6	7	Joe Smith (SAMPLE LINE)	M / F	02/01/72	French	4/17	Hunt Park	\$35
				.					M / F	/ /				
				.					M / F	/ /				
				.					M / F	/ /				

### O.K.A.Y! Program Scholarships/Donations

(Opportunity for Kids to Attend Youth recreational events)

The City of Riverside Park and Recreation Department offers a variety of special events, programs, and activities for the youth of Riverside. Unfortunately, there are underprivileged children who can not participate in these fun, interactive, and confidence building events. With your donation the City of Riverside Park and Recreation Department can build a scholarship fund that will enable these children to attend or participate in these community programs and events. The scholarships will be given through an application process to ensure the most deserving recipients will be given the opportunity to participate. Thank you for your kind donation.

Please add the noted dollar amount to my registration fees to enable underprivileged youth to participate in City programs. I understand that this is a voluntary donation.

\$

### Grand Total

(Please make checks payable to "The City of Riverside")

\$

### PLEASE READ AND SIGN BELOW

The parent(s) of participant(s) must complete and return this agreement. It is understood that I (the participant) cannot participate in the recreation activities until this WAIVER form has been completed. For additional information, phone 826-2000.

For and in consideration of permitting THOSE LISTED ON THE ACTIVITY FORM to participate in THE CLASSES/PROGRAMS ABOVE, organized and sponsored by the City of Riverside in the County of Riverside, the undersigned hereby voluntarily forever releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death, occurring to the Undersigned arising out of the participation in said sport or any activities incidental thereto; wherever, or however the same may occur and for whatever period said activities may continue, and the Undersigned does for himself/herself, his/her heirs, executors, administrators, and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for himself/herself and for his/her heirs, executors, administrators or assigns shall not prosecute or present any claim for personal injury, property damage or wrongful death against the City of Riverside, the City of Riverside Park and Recreation Department or any of its officers, agents, servants or employees (hereinafter referred to as "Releasees") for any of said causes of action including, but not limited to, losses caused by the passive or active negligence of the Releasees. The Undersigned acknowledges, understands and assumes the risks inherent in recreation activities, and that said activities entails risks of physical injury to his/her person and property and the Undersigned is participating with full knowledge of said risks. Undersigned acknowledges, understands and assumes the risks, if any, arising from the conditions of the various recreation facilities, softball fields and adjacent school or park grounds and parking lots; and acknowledges and understands that this City waiver includes, but is not limited to, any action or cause of action arising from (1) the performance, or failure to perform, maintenance, inspection, supervision, control or security of said areas, (2) the failure to warn of dangerous conditions as existing on or near said locations, or (3) any action by the spectators or (4) negligent supervision or selection of officials, spectators, players or coaches or (5) any hidden, latent or obvious defects or dangerous conditions existing on or near said locations.

IT IS THE INTENTION OF THOSE LISTED ON THE ACTIVITY FORM BY THIS INSTRUMENT TO EXEMPT AND RELIEVE RELEASEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE AND WRONGFUL DEATH CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES.

I have read and hereby agree to abide by the City Recreation Activity Rules. I further acknowledge that my participation in the CITY OF RIVERSIDE Recreation Activities will be in jeopardy should I fail to adhere to the rules. I give permission to the CITY OF RIVERSIDE to photograph me or my children participating in the programs for use in future City publications and understand that I will not receive any compensation for such use. Furthermore, we give our permission to have the above-named participant treated in the event of accident or illness.



PARTICIPANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 (PARENT OR LEGAL GUARDIAN MUST SIGN FOR THOSE UNDER 18 YEARS OF AGE)

American Disability Act - Individuals with disabilities requiring special accommodations should call 826-2000.

## STAFF USE ONLY

Date	Staff Name	Site Taken	Receipt #	<input type="checkbox"/> Resident	Total \$
				<input type="checkbox"/> Non- Resident	

Comments:

RIV.DAT Form completed and enclosed  or Already in RIV.DAT database

Form of Payment:    π Check # \_\_\_\_\_    π Money Order #: \_\_\_\_\_    π Visa    π Mastercard

*(Downtown Use Only)*

Date of Transaction: \_\_\_\_\_ Reference #: \_\_\_\_\_ Last Name on Credit Card: \_\_\_\_\_

### Please Complete the Following Information if Paying by Credit Card

(Credit Card information will be kept confidential)

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ Signature: \_\_\_\_\_