



Rocklin Police Activities League

4080 Rocklin Road Rocklin, CA 95677
916.625.5400

PARENTAL CONSENT, RELEASE OF LIABILITY AND ASSUMPTION OF THE RISK AGREEMENT

PARTICIPANTS NAME _____ DATE OF BIRTH _____ AGE ___ Male ___ Female ___

ETHNICITY: African American Caucasian Latino Pacific-Islander American Indian East Indian Asian

ADDRESS _____
STREET CITY ZIP CODE

HOME PHONE _____ SCHOOL CURRENTLY ATTENDING _____

PARENTS/GUARDIAN _____ WORK NAME & ADDRESS _____

WORK PHONE _____ CELL: _____

E-MAIL ADDRESS: _____

PARENTAL CONSENT, INSURANCE NOTIFICATION, AND MEDICAL TREATMENT AUTHORIZATION

I/we, the parents/guardians of the above named participant for the ROCKLIN POLICE ACTIVITES LEAGUE (Rocklin PAL), hereby give my/our approval to his/her participation in any and all Rocklin PAL activities. I/we do hereby assume all risks and hazards incidental to such participation including transportation to and from activities. I/we do hereby waive, release, absolve, indemnify and agree to hold harmless, the City of Rocklin, its officers, officials, employees, and volunteers, the Rocklin Police Athletic League (Rocklin PAL), the respective sanctioning associations, organizations, or leagues and the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities, for claims arising out of injury to my/our child. Rocklin PAL has group accident insurance coverage for medical and hospital expenses, with a deductible for each accident. The insurance is secondary when there is any other valid and collectible insurance provided by parent/guardian. Limited coverage is provided for any one accident with limited dental coverage for sound, natural teeth. A copy of the policy is available for inspection at the Rocklin PAL office. In signing this Agreement, I/we acknowledge that: (1) any claim for medical service which arises out of an injury must be reported to a Rocklin Police department or Rocklin PAL league official within ten (10) days of the date of injury; (2) I/we have read this Agreement, understand it and sign it voluntarily. I/we further understand that any registration fee or other sums paid does not constitute a direct premium payment for insurance.

Do you have HEALTH/GROUP Medical Insurance: YES NO

CARRIER: _____ PLAN# _____ or MEDICAL# _____

In the event of injury to my/our child, _____, I/we hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances. I/we, the Parents/Guardian of the above names Rocklin PAL Participant have read and understand this Agreement. By signing this Agreement, I/we grant permission for my/our child to participate in all officially recognized Rocklin PAL activities.

Emergency Contact #1 Emergency Phone Number #1 Emergency Contact #2 Emergency Phone Number #2

PARENTS SIGNATURE: _____ Date _____
(IF PARTICIPANT IS UNDER 18)

THIS AGREEMENT CONSISTS OF TWO (2) PAGES. BOTH PAGES REQUIRE SIGNATURES – SEE NEXT PAGE

**RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT
(MINOR)**

I, the parent/guardian of _____, agree to allow my child to participate in the activity listed in my child's registration form including associated travel.

POTENTIAL RISKS AND HAZARDS: Participation may involve physical and mental challenges that may be considered hazardous activities. The activities may include, but are not limited to, the following: walking, running, jumping, stretching, crawling, bending or climbing on uneven terrain, hard structures and surfaces, grass, and/or concrete or blacktop; lifting heavy objects; throwing and maneuvering objects. I AM AWARE THIS ACTIVITY IS INHERENTLY DANGEROUS AND AM VOLUNTARILY ALLOWING MY CHILD TO PARTICIPATE IN THE ACTIVITY WITH KNOWLEDGE OF THE RISKS INVOLVED, BOTH EXPECTED AND UNEXPECTED, AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OR INJURY OR DEATH. **INITIAL HERE** _____

WAIVER, RELEASE AND ASSUMPTION OF RISK: I have read the Rocklin Police Activities event description, including the potential risks and hazards, and understand the risks associated with participating in this event. I knowingly and freely, hereby waive, release, and discharge, any and all claims for damages for personal injury, death, or property damage which I, or my children, may have, or which hereafter accrues to me, or my children, against the City and Rocklin PAL as a result of my, and/or my children's, participation in this Event. This release is intended to discharge the City, its officers, officials, employees and volunteers, Rocklin PAL and any other involved public agencies from and against any and all liability whatsoever, including any liability that may arise out of negligence or carelessness on the part of the persons or public agencies mentioned above. I further understand that accidents and injuries can arise out of the activities; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless all the persons and agencies mentioned above who might otherwise be liable to me, or my children, for damages, for any reason whatsoever, including through negligence or carelessness. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my, and/or my children's, heirs, guardians, legal representatives, and assigns. In addition, I agree to indemnify and hold harmless the Rocklin PAL and the City and its officers, officials, employees, and volunteers from and against all claims, damages, losses and expenses, including attorney's fees, arising out of my participation in the activity described above, caused in whole or in part by my, and/or my child's, negligent act, except where caused by the active negligence, sole negligence, or willful misconduct of the City. **INITIAL HERE** _____

PHOTOGRAPH RELEASE: I hereby grant to the City of Rocklin the absolute and irrevocable right and permission to use, reuse, and public all pictures of me or my child in the course of City of Rocklin business. I fully understand that I hold no control over the use of the photograph(s) of which I am a part. Further, I grant to the City of Rocklin, and those who the City may represent, the right to use my name. I hereby release the City of Rocklin from any and all claims and demands arising out of, or in connection with, the City of Rocklin, as well as the person(s) who took the photograph(s). **INITIAL HERE** _____

My child has physical limitations: Yes No

If yes explain: _____

My child has the following allergies if any:

TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR PARTICIPANTS

I have fully read both pages of this Agreement and fully understand its content. Furthermore, I have explained the significance of this Agreement to my minor child.

Signature of parent or guardian: _____ Date: _____

Print name of parent/guardian: _____