



WATER EXERCISE WAIVER

Participant LAST Name: _____

Participant FIRST Name: _____

Address: _____

City, ST Zip: _____

Phone #: _____

Email Address: _____

Emergency Contact: _____ Phone #: _____

WAIVER AND RELEASE:

In consideration for being permitted by Nevada City Parks & Recreation (NCPR) 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 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 City of Nevada City and NCPR (its officers, employees, agents, program providers and program instructors) from any and all liability arising out of or connected in any way with my participation in said activity, 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, including, but not limited to colliding with other participants, tripping or falling, exposure to contaminated water and knowingly and freely assume all such risks, both known and unknown. 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 a 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, named above, participate in the above activity, and I hereby execute the above Agreement, Waiver and 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 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 agree that in the event that said minor requires medical treatment while under the supervision of NCPR personnel in connection with described activity, such supervisor may authorize treatment.

I HAVE CAREFULLY READ THIS PROGRAM REGISTRATION, WAIVER & RELEASE AND CONSENT AND FULLY UNDERSTAND ITS CONTENTS. THE FACTS STATED IN THE REGISTRATION ARE TRUE AND CORRECT. I AM AWARE THAT BY SIGNING THIS FORM I AM VOLUNTARILY ASSUMING ALL RISK, KNOWN AND UNKNOWN, OF INJURY, HOWEVER CAUSED, FROM PARTICIPATING IN THE PROGRAM AND AM RELEASING NEVADA CITY AND NEVADA CITY PARKS AND RECREATION FROM ANY LIABILITY THEREFORE.

IN ADDITION: I understand that there are no refunds on registration fees, unless a class is cancelled. I give the City of Nevada City permission to use photos taken of me and/or my child in future publications.

Signature of parent/guardian

Date