



2016 YOUTH REGISTRATION/RELEASE
Gonzales Drop-In Recreation
670 Colton Ave. Colton, CA 92324

CHILD'S NAME _____ Date of Birth _____ Age _____
Address _____ City _____ Zip _____
 Male Female Grade _____ School _____
Contact Phone Number _____ Alternate Phone Number _____

PARENT / GUARDIAN INFORMATION (Please list two, with first & last name)
 Mother _____ Guardian _____
 Father _____ Guardian _____

I authorize the Minor listed above, to participate in: Gonzales Drop-In Recreation, May 1, 2016 – September 30, 2016 the ("Activity") with the Colton Community Services.
The Activity shall be provided in and around the City of Colton, California and shall be provided for the following duration: Monday – Friday from 2:00 to 5:00 p.m. Days and times are subject to change for city holidays, building closures, and special events.

I am aware that by participating in the aforementioned Activity, the minor referenced above (hereinafter, "Minor") may be exposed to risks of damage to his/her personal property and personal injury to himself/herself. I understand and agree that Minor shall comply with all relevant Colton Community Services rules, regulations, and instructions and that the failure of Minor to observe all rules may result in Minor's removal from the Activity.

IN CONSIDERATION OF MY CHILD BEING PERMITTED TO PARTICIPATE IN THE ACTIVITY, I HEREBY, ON BEHALF OF MYSELF AND MY MINOR CHILD, AGREE TO THE FOLLOWING:

ASSUMPTION OF RISK

In consideration for Minor being allowed to participate in the Activity, I, on behalf of myself and Minor, hereby assume the risk of, and responsibility for, any such injury, death, or damage which Minor may sustain arising out of or in any way connected with participation in the Activity, including injury, death, or damage resulting from any acts or omissions, whether negligent or not, or any property or equipment owned or supplied by or on behalf of Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate.

RELEASE AND INDEMNIFICATION

I agree on behalf of myself, my executors, heirs, administrators, and assigns, and Minor and the executors, heirs, administrators and assigns of Minor, to release and discharge Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate from and against any and all liability arising out of or in any way connected with Minor's participation in the Activity, or upon their acts or omissions, whether negligent or not.

Additionally, in consideration for Minor participating in the Activity, and to the maximum extent permitted by law, I voluntarily agree to indemnify and hold harmless, in advance, Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate, for any and all claims, lawsuits, demands, causes of action, costs, expenses, liabilities, losses, damages or injuries of any kind, in law or equity, to property or persons, including wrongful death, which may be brought by any person against Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate that may have or may hereafter accrue and that in any manner arise out of, pertain to, or are incident to said Minor's participation in the Activity, whether or not it consists of acts, omissions, or conduct which is deemed negligent (active or passive), willful, or otherwise.

It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my executors, heirs, administrators, and assigns, and Minor and the executors, heirs, administrators, and assigns of Minor.

Child's Name: _____

CONSENT TO TREATMENT OF MINOR

In the event of illness, accident, or injury which may occur while Minor is participating in the Activity, I hereby authorize and give my consent, pursuant to California Family Code Section 6910, to Colton Community Services to seek medical treatment for Minor as shall be necessary under the circumstances from a physician licensed under the laws of the State of California.

Doctor Name/Agency: _____ Phone Number: _____
Address: _____ City: _____

Please list any allergies (including food): _____

IF PARENTS CANNOT BE REACHED IN AN EMERGENCY, PLEASE NOTIFY (List three)

Name: _____ Relationship: _____ Phone Number: _____
Name: _____ Relationship: _____ Phone Number: _____
Name: _____ Relationship: _____ Phone Number: _____

MEDIA RELEASE

I hereby authorize Colton Community Services and anyone acting on its behalf to take and use any audio recording(s), photograph(s) and/or video(s) in which Minor's image or voice appears for all purposes and in all media, including, but not limited to, written publications, brochures, advertisements, and the World Wide Web/internet. Colton Community Services shall have sole and complete ownership of the audio recording(s), photograph(s) and/or video(s), and shall have the exclusive right to make use of it/them, and any images or other productions derived from it/them, as set forth herein. I understand and agree that Minor and I will receive no monetary or other compensation for Minor's appearance in and Colton Community Services' use of the audio recording(s), photograph(s), and/or video(s); and that this document shall serve as a release and waiver of any and all publicity rights and any other claims (including, but not limited to, privacy, contract, libel or defamation) arising out of the use of the audio recording(s), photograph(s) and/or video(s), and any right to inspect or approve the finished product or advertising or other communications that may be used with the audio recording(s), photograph(s), and/or video(s).

DISASTER / IMMINENT DANGER RELEASE AGREEMENT

In the event of an emergency, staff will not allow participants to leave until parent or someone on listed their release form, comes to pick them up. Please explain carefully to your child that in the event of a disaster or imminent danger (terrorist/bomb threat, armed suspect, fire/flood or other natural disaster) that they are not allowed to sign out & walk home. They must stay with City of Colton, Community Services staff. Reassure your child that this is very important, as you will be coming for them at the evacuation site below.

EVACUATION SITE: Enclosed basketball courts in Chavez Park behind Gonzales Community Center.

FIELDTRIP AGREEMENT

I understand space is limited and that participants will be taken in the order they are registered. If a registered participant does not arrive by the departure time listed, another participant may be taken from the waiting list.

KNOWING AND VOLUNTARY EXECUTION

I have carefully read this Agreement and fully understand its contents. I understand that I am making the above representation herein on behalf of myself and Minor. I agree that Minor will follow all obligations herein or other directives provided by Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate. I further understand and acknowledge that I am giving up valuable legal rights on behalf of myself and Minor. I knowingly and voluntarily give up these rights of my own free will on behalf of myself and Minor by signing this Agreement

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY

Received and Approved By:

Date: