



# 2025 SUMMER ADULT REGISTRATION/RELEASE

## 2025 Summer Rec Swim

Gonzales Community Center ~ 670 Colton Avenue Colton, CA 92324

**NAME:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ ☐ Male ☐ Female

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Alternate Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION *(Please list two, with first & last name)*

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Activity:** Learn to Swim Program that meets at various locations within the City of Colton, Monday – Saturday, 2:00p.m. – 8:00 p.m., June 9 – August 30, 2025. Days and times are subject to change due to enrollment, special city holidays, building closures, and events.

I am aware that by participating in the aforementioned Activity, I am acting as an unpaid volunteer and not as an employee of the City of Colton. I understand that I am not covered under the City of Colton's workers' compensation plan. I further acknowledge that I may be exposed to risks of damage to personal property and injury. I understand and agree that I will comply with all relevant Colton Community Services rules, regulations, and instructions and that the failure to observe all rules may result in expulsion from the Activity and/or Facility.

**IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE ACTIVITY, I HEREBY, AGREE TO THE FOLLOWING:**

### ASSUMPTION OF RISK

In consideration of being allowed to participate in the Activity, I hereby assume the risk of, and responsibility for, any such injury, death, or damage arising out of or in any way connected with participation, 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, 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 participation in the Activity, or upon their acts or omissions, whether negligent or not.

Additionally, in consideration for 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 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.

### COVID-19 – ASSUMPTION OF RISK

The City of Colton has put in place preventative measures to reduce the spread of COVID-19; however, the City cannot guarantee that you will not become infected with COVID-19. Further, attending this program could increase your risk of contracting COVID-19. By signing this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you may be exposed to or infected by COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 by participating in City programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees, officials, volunteers, and program participants and their families.

\*\*\*\*\* CONTINUED ON BACK SIDE \*\*\*\*\*



NAME: \_\_\_\_\_

### 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 my 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 I will receive no monetary or other compensation for 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).

☐ Yes, I consent to the above media release.

☐ No, you do not have permission to use photographs or videos for marketing and promotional materials.

### 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. I agree that I 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 I knowingly and voluntarily give up these rights of my own free will on behalf of myself by signing this Agreement.

PRINT NAME

SIGNATURE

DATE

#### (FOR OFFICE USE ONLY)

|                 |  |         |  |                       |  |
|-----------------|--|---------|--|-----------------------|--|
| Received By:    |  | Date:   |  | Receipt Number:       |  |
| ID Verified By: |  | Pass #: |  | In Active.net? (Y/N): |  |