

**CITY OF MONROVIA
 WAIVER RELEASE AND INDEMNITY AGREEMENT**

THE PARTICIPANT OR PARENT(S) IF UNDER THE AGE OF 18 MUST COMPLETE AND RETURN THIS AGREEMENT, IT IS UNDERSTOOD THAT I (THE PARTICIPANT), CANNOT PLAY, PARTICIPATE, JOIN, ENGAGE, ASSIST, SERVE, OR SPECTATE UNTIL THIS WAIVER, RELEASE AND INDEMNITY FORM HAS BEEN COMPLETED.

FOR _____ AND _____ IN _____ CONSIDERATION _____ OF
 PERMITTING _____ (Print Participant's Name)

TO PARTICIPATE IN THE _____ IN THE CITY OF MONROVIA, COUNTY OF LOS ANGELES, THE UNDERSIGNED ACKNOWLEDGES, AFFIRMS, REPRESENTS, AND COVENANTS, HE/SHE IS OF LAWFUL AGE OR IS THE LAWFUL GUARDIAN OR PARTICIPANT AND HAS THE SOLE RIGHT AND AUTHORITY TO EXECUTE THIS AGREEMENT ON BEHALF OF PARTICIPANT IN THAT HE/SHE HAS NOT SOLD, ASSIGNED, TRANSFERRED, CONVEYED, HYPOTHECATED OR OTHERWISE DISPOSED OF HIS/HER RIGHT AND AUTHORITY. THE UNDERSIGNED, HIS/HER HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS, ASSIGNS, DIRECTORS OR AGENTS, HEREBY RELEASE, WAIVE, DISCHARGE AND RELINQUISH ANY ACTIONS OR CAUSES OF ACTION, DEMANDS, RIGHTS, DAMAGES, COSTS, LOSS OF SERVICES, EXPENSES AND ANY COMPENSATION WHATSOEVER, WHICH MAY HEREAFTER ARISE FOR HIMSELF/HERSELF AND FOR HIS/HER HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS OR ASSIGNS AND SHALL NOT PROSECUTE OR PRESENT ANY CLAIM FOR IT'S OFFICERS, AGENTS, EMPLOYEES, COUNCIL MEMBERS, ADMINISTRATORS, OR ANY OTHER PERSONS, FIRMS, CORPORATIONS, ASSOCIATIONS OR PARTNERSHIPS (HEREINAFTER REFERRED TO AS "RELEASES") FOR ANY CAUSES OF ACTION INCLUDING, BUT NOT LIMITED TO, LOSSES CAUSED BY THE ACTIVE OR PASSIVE NEGLIGENCE OF THE RELEASEES.

THE _____ (Print Participant's Name) AND/OR UNDERSIGNED ACKNOWLEDGES, AFFIRMS AND UNDERSTANDS AND ASSUMES ALL RISK INHERENT IN THE ABOVE MENTIONED ACTIVITIES AND ALL INCIDENTAL ACTIVITIES ASSOCIATED THEREWITH AND SAID ACTIVITIES INVOLVE A RISK OF PHYSICAL INJURY AND/OR DEATH TO HIS/HER PERSON AND PROPERTY AND THE UNDERSIGNED IS PARTICIPATING WITH FULL AND COMPLETE KNOWLEDGE OF SAID RISK.

IT IS THE INTENTION OF _____ (Print Participant's Name) OR THE UNDERSIGNED BY THIS INSTRUMENT TO EXEMPT AND RELIEVE RELEASES FROM LIABILITY FOR PERSONAL OR BODILY INJURY, PROPERTY DAMAGE AND WRONGFUL DEATH.

THE _____ (Print Participant's Name) OR UNDERSIGNED, FOR THEMSELVES, HIMSELF/HERSELF, HIS/HER HEIRS, EXECUTORS, SUCCESSORS, ADMINISTRATOR OR ASSIGNS AGREES THAT IN THE EVENT ANY CLAIM OF THE PARTICIPANT AND/OR UNDERSIGNED'S CHILD FOR PERSONAL OR BODILY INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH SHALL BE PROSECUTED AGAINST RELEASEES, HE/SHE/THEY, THEIR HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS SHALL INDEMNIFY, DEFEND AND HOLD HARMLESS THE RELEASEES, THEIR OFFICERS, AGENTS, EMPLOYEES, COUNCIL MEMBERS, AND ALL OTHER PERSONS, FIRMS, CORPORATIONS, ASSOCIATIONS OR PARTNERSHIPS FROM AND AGAINST ANY ALL LIABILITY, SUITES, ACTIONS, PROCEEDINGS, JUDGEMENTS, CLAIMS, LIENS, LOSSES, DAMAGES (WHETHER IN CONTRACT OR IN TORT, INCLUDING PERSONAL AND BODILY INJURY, DEATH OR PROPERTY DAMAGE), COSTS AND EXPENSES, (INCLUDING ATTORNEYS' FEES, LITIGATION, ARBITRATION AND MEDIATION EXPENSES) OF EVERY NATURE OR KIND WHICH ARISE FROM, CAUSES BY, OR WHICH ARE ALLEGED TO HAVE ARISEN FROM OR TO HAVE BEEN CAUSED BY, OR IN CONJUNCTION WITH, ANY AND ALL ACTS, OR OMISSIONS, WHETHER NEGLIGENT OR OTHERWISE.

THE _____ (Print Participant's Name) AND/OR UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS READ THE FOREGOING AND, HAS BEEN FULLY AND COMPLETELY ADVISED CONCERNING THE CONTENTS AND RAMIFICATIONS OF THE SAME AND IS FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS DOCUMENT. BASED UPON THE INDEPENDENT EVALUATION OF THE RISK, I/WE REAFFIRM MY KNOWLEDGE AND EXPRESS ASSUMPTION OF THE RISK AND DANGERS SET FORTH ABOVE.

I DO _____ / DO NOT _____ GRANT PERMISSION FOR ME AND/OR MY CHILD TO BE VIDEOTAPED AND/OR PHOTOGRAPHED.

 Print Participant Name Age (if a minor) Signature of Parent(s)/Guardian(s)/Participant Date

 Daytime Phone Number Evening Phone Number Street Address City State Zip Code

 Medical Insurance Company Name Policy Number Allergic to any medicines

Physicians Name	Address	Phone Number
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Email Address: *Do not provide if you do not wish to receive City of Monrovia program information*

Emergency Contact #1	Relationship	Phone Number
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Emergency Contact #2	Relationship	Phone Number
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Emergency Contact #3	Relationship	Phone Number
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Emergency Contact #4	Relationship	Phone Number
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