City of Arcata Recreation Division
736 F Street ♦ Arcata, CA 95521 ♦ 707-822-7091♦ Fax: 825-2118 ♦ Email:rec@cityofarcata.org

ADULT MASTER REGISTRATION FORM & WAIVER OF LIABILITY

Valid through December 31, 2014

Print Full Name: _____ DOB ____/_____/____
First Last

Mailing Address_____ City: _____ Zip: _____

Residential Address (IF DIFFERENT): _____ City: _____Zip: _____

E-Mail Address: _____

Phone: Home_____ Work_____ Cell_____ Male ___ Female ___

Do you live within the Arcata City Limits? Yes ____ No ____

If not a resident, do you own property or a business within the Arcata City limits? Yes ____ No ____.

If yes, please list the address of your property or business name and address:

Name of Business: _____

Address of Business/Property: _____

Note: For individuals needing special accommodation to participate in the activities sponsored by the Arcata Recreation Division, please notify the Division at least five working days prior to the first day of attendance**.** It is recommended that all participants carry their own insurance coverage.

Waiver (all classes require the signature of each registering adult or the parent or guardian of any minor(s).) In consideration for being allowed to participate in City of Arcata recreational programs, I, the undersigned, agree to indemnify, hold harmless, and release the City of Arcata, its employees, agents, independent contractors, volunteers, officials, and officers (collectively the "City") from negligence, excepting gross negligence, and any and all liability for any injury which may be suffered by me, my minor child(ren), or any member of my household account (hereinafter collectively the "Household Members") arising out of, or in any way connected to participation in any City sponsored recreational program and agree to refrain from bringing any claim, lawsuit or other proceeding against the City stemming from any such personal injury. I agree to take responsibility to ensure that all Household Members enroll in activities at the appropriate level for their physical abilities and medical conditions and fully understand that I and Household Members assume all risks for any injuries received. I expressly acknowledge that risks, known and unknown, are inherent in recreational programs. I authorize the City of Arcata employees and agents to seek emergency medical care, as they deem necessary, for any Household Member participating in any City sponsored recreational program and agree to be responsible for all costs incurred. I acknowledge that the City may take publicity photographs and/or recordings of any City sponsored activity or event and hereby authorize the use of any Household Member's image for this purpose. If any term, clause, or provision of this Release of Liability is held to be illegal, invalid or unenforceable, the remainder of this Release of Liability shall not be affected thereby, and shall be enforceable to the fullest extent permitted by law. I have read and understand the above agreement and fully assume all risks for any injuries received.

X_____ _____
Participant Signature Today's Date

HH#

ADULT **2014**

Name