

City of Roseville Parks & Recreation Department
PARTICIPANT’S WAIVER, RELEASE, ASSUMPTION OF RISK AND
INDEMNITY AGREEMENT

In consideration of permitting the below named participant(s) to enroll in and participate in the above class(es) given, taught or sponsored by the City of Roseville (“CITY”), the Undersigned hereby voluntarily releases, discharges waives and relinquishes any and all actions or causes of action or personal injury (including death) or property damage occurring to him/herself arising as a result of participating in or receiving instructions in said activity or any incidental activities.

The Undersigned agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury (including wrongful death) or property damage against “CITY” or any of its officers, agents, servants or employees for any of said or similar causes of action, including those which arise by the negligence of CITY or any of said persons. IT IS THE INTENTION OF _____

Name of Participant(s)

BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE CITY FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

The Undersigned further agrees to defend, indemnify and to hold harmless the CITY, its officers, employees, and agents, from any loss, liability, damage, cost, or expense arising out of the participation in said activity.

The Undersigned acknowledges that he/she, has been fully and completely advised of the potential dangers incidental to engaging in the activity, fully and voluntarily assumes the risks of engaging in the activity. The Undersigned has read this document and is fully aware of the legal consequences of signing it.

Print Name of Participant _____ **Date** _____

Signature of Participant _____

If the participant in the activity is a minor, I, as the parent or guardian of the participant, acknowledge that I have read this Waiver, Release, Assumption of Risk and Indemnity Agreement and sign it on behalf of the participant with full knowledge and understanding of its contents.

Print Name of Parent or Guardian

Signature of Parent or Guardian _____

If you will need specific accommodations in order to participate in a program, call 774-5950. TDD users may contact the California Relay Service at 1 (800) 735-2929.