WAIVER & LIABILITY
PROGRAM X - 2009-2010

Name of Participants: _____ **Age**:_____

For the Parent/Guardian: I, the undersigned, understand that **PROGRAM X at LAGUNA MIDDLE SCHOOL**, sponsored by the San Luis Obispo Parks and Recreation Department, involves physical activity, that accidents can occur during **PROGRAM X** and that participants in this or any physical activity can suffer serious injury or death. I further understand that while Parks and Recreation Staff may be trained in basic first aid and CPR, they are not medical professionals and are not trained to diagnose, monitor or treat chronic or acute medical conditions, whether preexisting or caused by participation in **PROGRAM X** . Nevertheless, **I, ON BEHALF OF THE ABOVE-MENTIONED MINOR (hereafter "Minor") AND FOR MYSELF, HEREBY ASSUME THESE RISKS OF PARTICIPATING IN THE ABOVE-MENTIONED PROGRAM.**

In return for allowing Minor to participate I, on behalf of Minor and for myself, hereby waive, release, and discharge any and all claims for damages for death, personal injury, disability or property damage of any kind which may hereafter accrue to Minor or myself as a result of his/her participation in this activity. This release is expressly intended to discharge in advance the City of San Luis Obispo and its employees, agents, and volunteers from and against any and all liability arising out of or connected in any way with Minor's participation in this activity. **THIS WAIVER AND RELEASE WILL APPLY EVEN THOUGH LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THOSE DISCHARGED INCLUDING THEIR EMPLOYEES, AGENTS, AND VOLUNTEERS, AND INCLUDING GROSS NEGLIGENCE TO THE EXTENT THAT SUCH WAIVER AND RELEASE IS PERMITTED BY CALIFORNIA LAW.** This Waiver and Liability Release shall apply to Minor and myself, as well as any of our heirs, executors, or administrators. By my signature below, I hereby certify that I am the parent or legal guardian of Minor and that I am acting in that capacity. Further, I acknowledge that I have read this document and understand its contents.

For the Parent/Guardian: I, the undersigned, acknowledge that the San Luis Obispo Parks and Recreation Department sponsors the above-named activity and realize that **NO MEDICAL INSURANCE IS PROVIDED**. I, the parent/guardian of the above named minor, hereby approve his/her participation in the above mentioned activity. Further, I consent to emergency medical treatment for this minor should the need arise. I expect that the activity supervisors will make an effort to contact me, time permitting, before any treatment other than minor first aid is administered. I hereby grant permission to the employees of the City of San Luis Obispo Parks and Recreation Department to include pictures and/or video of my children taken during department activities, in any future brochures or other publicity developed by the department or by the media. I understand that I will not receive compensation for the use of the pictures.

Signature of Parent/Guardian	Parent/Guardian Name (Print)	Date

Child's Information:

Parent/Guardian Name: _____

Address:_____ City: _____ Zip Code: _____

Home Phone #:_____ Parent's/Guardian's Work #_____

Parent/Guardian Name: _____

Address:_____ City: _____ Zip Code: _____

Home Phone #:_____ Parent's/Guardian's Work #_____

E Mail Address:_____

Child's Information:

Asthma: Yes_____ No_____ Physical Limitation: _____

Diabetes: Yes_____ No_____ Allergies: _____

Epilepsy: Yes_____ No_____ OTHER: _____

Emergency Contact:

1._____

Name Phone Address Relation to Child

2._____

Name Phone Address Relation to Child