

Session/Year: _____ Instructor: _____

Area _____ Time _____ Style/Level _____

Dancers Name _____ M _____ F _____ Age _____

Address _____ City _____ Zip _____

Home Phone # (_____) _____ Cell Phone # (_____) _____

Email _____ @ _____

Pertinent Medical History Information (Epilepsy, Diabetes, Allergies, etc.): _____



Make checks payable to: City Treasurer

\$48.00 per semester



By checking this box, I opt out of receiving any future information/ mailings regarding this program

office use only:

Check # _____ or Cash \$ _____ Receipt # _____ Waiver/Sch # _____

CITY OF SAN DIEGO PARK AND RECREATION DEPARTMENT WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in this City of San Diego and San Diego Civic Dance Association Class/Activity, I acknowledge and agree that:

- 1.The City of San Diego, San Diego Civic Dance Association do not maintain health insurance for injuries to the participant that may arise out of involvement in this class/activity.
- 2.By virtue of participation, PARTICIPANTS RISK BODILY INJURY INCLUDING, BUT NOT LIMITED TO, PARALYSIS, DISMEMBERMENT, DEATH, AND OTHER LOSS including damage to property.
- 3.I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK FOR MY CHILD (AND/OR MYSELF).
- 4.I RELEASE AND HOLD HARMLESS AND PROMISE NOT TO SUE THE CITY OF SAN DIEGO, SAN DIEGO CIVIC DANCE ASSOCIATION, AND KLEENHOUSE CLOTHING, INC. and its direct and indirect parents and subsidiaries, any of their affiliated entities, successors and assigns and any current or future director, officer, employee, partner, member or agent of any them with respect to any and all such injury including, but not limited to, paralysis, dismemberment, death or loss except that injury or loss which results from gross negligence or willful or wanton misconduct of one of those individuals or organizations.
- 5.I agree to inform my child that he/she must follow (or I agree to follow) all safety rules as well as any others given during this class/activity including during lessons, practice, meets, special events, field trips, games or tournaments.
6. I hereby authorize and give my consent for medical care to be given in an emergency situation to the below named child (or to myself) while participating in this activity including during lessons, practice, meets, special events, field trips, games or tournaments.
- 7.THIS AGREEMENT IS BINDING ON MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE AND ASSIGNS.
- 8.I hereby give permission for the following named child (or myself) to be photographed, videotaped or recorded for publicity purposes and that I waive all claims for compensation.
- 9.I certify to the best of my knowledge, my child's (or my) current physical condition is satisfactory for participation in this class/activity, and that he/she is (or I) am free of any health problem that would affect his/her (or my) ability to participate. Please note: Individuals with health conditions such as, but not limited to, chronic allergies (i.e. asthma), seizures, and epilepsy, may not participate until a medical clearance has been submitted. In addition, the coach/instructor/leader must be notified of any health condition prior to participation.
10. I understand and agree that it is my sole responsibility to ensure that the address and emergency contact information are accurate at all times.
11. CONSENT TO TREATMENT OF A MINOR: In the event of sudden illness, accident of injury which may occur while said minor is engaged in classes/activities/events by City of San Diego, San Diego Civic Dance Association and their representative, agents or assignees, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent for emergency treatment as shall be necessary under the circumstance by any physician licensed under the laws of the State of California.

Participant's Name (print): _____ Date of birth: ____/____/____

Address: _____ Apt. #: _____ City: _____ Zip: _____ - _____

Phone #: () _____ Emergency Phone #'s: () _____ / () _____

Participant's Signature (if participant is 18 years or older): _____ Date Signed: ____/____/____

Parent/Guardian signature required if participant is 17 years of age or younger.

This is to certify that as a parent/guardian of this participant, I do consent to his/her waiver and release as set forth above. I realize that participation in this program is voluntary.

Parent/Guardian Name (print): _____ Relationship: _____

Parent/Guardian Signature: _____ Date Signed: ____/____/____