

**City of Riverbank**  
 6707 Third Street Riverbank, CA 95367  
 Phone: 209-863-7150 Fax: 209-869-7044  
**REGISTRATION FORM & WAIVER**  
**Waiver, Release, Assumption of Risk & Indemnity Agreement**

Adult/Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell and/or Work Phone: \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_

(Please Print)

Participants Full Name	M/F	Age	Event/Class Name	Days/Date	Time	Fee

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there a medical condition we should be aware of?                      Yes                      No

If yes, please explain: \_\_\_\_\_

**ASSUMPTION OF RISK AND RELEASE FOR LIABILITY FOR INJURY OR DEATH**

I understand that the activities offered by the City of Riverbank Recreation Department involve certain risks including, but not limited to, risks from body contact, falls, collisions, physical confrontation with fellow players and carelessness and negligence of fellow players, bystanders, City employees and volunteers. I further understand that in order to gain the City's permission to participate in the event/class, for which I have registered; I must assume such risks for myself or dependents that are in the above activity.

I am fully aware that by signing this document, I am shifting the legal liability for such risks, including negligence of the City, its management or employees, to myself so that I may participate in the activity I have chosen. I agree to indemnify, defend or hold them harmless from any claims or liability for my bodily injury, personal injury, property damage, or wrongful death arising out of or caused by negligence, whether such injuries or damages occur during participation in the above named event or during-post injury care.

I also grant full permission to the City or Riverbank, its agents or assignees to use my name, photographs, videotapes or recording of the activity for which dependent or I am registered for any purpose without obligation or liability. I understand that no refunds or transfer will be given on or after the first class. Any refunds that are issued will take up to two weeks processing.

**AUTHORIZATION FOR EMERGENCY MEDICAL SERVICES**

In the event that I or my dependent is injured in the above activity that they are participating in, I hereby give my permission to the City of Riverbank, or its representatives at the scene to provide me or my dependent emergency medical treatment by any medical personnel, EMTs, paramedics, firefighters, nurses, doctors or dentists deemed necessary. I will notify the medical personnel, if able, or any special medical need(s), including but not limited to blood types, heart conditions, allergies, or special medicines that might affect my treatment. I also authorize for my dependent or myself to be transported by ambulance to the nearest medical facility and secure the immediate and proper medical treatment. I agree that I will be the primary party financially responsible for the payment of all costs related to such emergency transport or subsequent medical treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_