



_____ CHILD'S NAME	_____ GRADE (Incoming)	_____ BIRTH DATE
_____ ADDRESS	_____ CITY	_____ ZIP
_____ GUARDIAN'S NAME	_____ CELL PHONE	_____ WORK PHONE
_____ GUARDIAN'S NAME	_____ CELL PHONE	_____ WORK PHONE

IN CASE OF EMERGENCY, AND GUARDIAN CANNOT BE REACHED, PLEASE CONTACT:

_____ NAME	_____ RELATIONSHIP	_____ PHONE
_____ NAME	_____ RELATIONSHIP	_____ PHONE
_____ NAME	_____ RELATIONSHIP	_____ PHONE

PERSONS AUTHORIZED TO TAKE CHILD FROM PROGRAM: (Guardians must notify staff when this will occur.)

_____ NAME	_____ RELATIONSHIP	_____ PHONE
_____ NAME	_____ RELATIONSHIP	_____ PHONE
_____ NAME	_____ RELATIONSHIP	_____ PHONE

IF GUARDIANS ARE DIVORCED OR SEPARATED, PLEASE COMPLETE THE FOLLOWING FOR THE GUARDIAN NOT IN THE HOME:

_____ NAME	_____ ADDRESS	_____ CITY/STATE
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MAY THEY TAKE THE CHILD FROM THE PROGRAM? _____

IF NOT, PLEASE ATTACH CUSTODY AGREEMENT AND/OR RESTRAINING ORDER.

HEALTH INFORMATION:

PLEASE LIST ANY ALLERGIES OR SENSITIVE REACTIONS: _____

LIST ANY MEDICATIONS YOUR CHILD TAKES ON A REGULAR BASIS: _____

NOTE ANY SPECIAL NEEDS, ETC. FOR THE CHILD: _____

LIABILITY WAIVER/MEDICAL TREATMENT CONSENT

(In order for us to process your registration(s), you must sign the Liability Waiver/Medical Treatment Consent after you have read and agreed to the terms. Registrations where the waiver/consent has been altered will not be processed.)

In consideration for my and/or any of my family members' participation in the City of Novato's recreation program(s) that I wish to register for, I voluntarily RELEASE the CITY OF NOVATO, CITY OF NOVATO SUCCESSOR AGENCY TO THE DISSOLVED NOVATO REDEVELOPMENT AGENCY, CITY OF NOVATO PUBLIC FINANCE AUTHORITY AND THEIR RESPECTIVE OFFICIALS, OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS (hereinafter referred to as "RELEASEES") from any and all liability for injuries, illnesses (including COVID-19), or death or property damage to me and/or my family members resulting from, arising out of, or in any way connected with my and/or any of my family members' participation in the City of Novato's recreation program(s) or use of the RELEASEES' facilities in connection with this/these program(s). I understand that this WAIVER and RELEASE is applicable even though the negligent activities of the RELEASEES may have contributed to the injury or death or property damage suffered by me or any of my family members participating in this/these program(s). I further agree to DEFEND, INDEMNIFY and HOLD HARMLESS the RELEASEES from and against any and all liability, claims, causes of action, and/or losses of any nature or kind (including litigation-related expenses such as attorney and expert witness fees) resulting from, or in connection with, participation in this/these program(s) whether caused by any negligent act or omission of the RELEASEES.

I further understand that serious accidents may occur in the City of Novato recreation program(s) that I am registering for, that participants in this/these program(s) may sustain mortal or serious personal injuries, and/or property damage, as a consequence of their participation in this/these program(s). Knowing the risks of said event, nevertheless, I HEREBY AGREE TO ASSUME THOSE RISKS AND TO RELEASE AND HOLD HARMLESS TO THE FULLEST EXTENT ALLOWED BY LAW ALL OF THOSE PERSONS MENTIONED ABOVE WHO THROUGH PASSIVE OR ACTIVE NEGLIGENCE OR CARELESSNESS MIGHT OTHERWISE BE LIABLE TO ME FOR DAMAGES.

It is further understood and agreed that this waiver, release, hold harmless and indemnification agreement is to be binding on me, any of my participating family members, and all of our heirs, representatives, and assigns.

I hereby authorize qualified physicians to render medical treatment or care that they may deem necessary for me or my family members in case of illness or accident during such program(s). In the event of injury of a child participant, and if a parent/guardian cannot be reached, the Novato Fire District will be contacted to transport the injured to:

- Novato Community Hospital or
- Kaiser Permanente

(Please check one. If none are checked, the injured will automatically be transported to Novato Community Hospital.)

I understand and agree that photographs may be taken of participants during recreation programs and by my signature below am giving my permission for photographs of me and/or my child(ren) participating in the program to be used and reproduced by the City of Novato for such purposes as display in advertisements and promotions in City and recreation program publications, brochures, and on the City's website.

By my signature below, I signify that I have read, understand, and voluntarily agree to be bound by each of the terms stated above.

PRINTED NAME OF PARTICIPANT

PRINTED NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

DATE