

Please PRINT AND Fill Out Completely

Name	Last		First		MI				
Address	Address			Apt #		Culver City Resident? Y/N			
	City		Zip Code		Email				
Phone	Home		Work		Cell				
Activity Number	Participant Name (Last, First, MI)		Birthday mo/day/yr	Sex	Activity Name	Activity Fee	Credit Memo	Discount/Deposit	Total Fee
			/ /						
			/ /						
			/ /						
			/ /						
Make check or money order payable to: City of Culver City Credit Cards MUST be presented in person			Check Number: # _____			Total Fees			

Culver City Parks, Recreation & Community Services Department – Informed Consent Release

I, the undersigned, recognize that participation in the referenced activity is strictly voluntary and that such participation does not in any manner imply that I am acting in the course and scope of official City of Culver City business, nor does it in any manner establish or imply an employer-employee or an agency relationship with the City of Culver City.

I, the undersigned, and in the event the undersigned is under 18 years of age, the undersigned's parents or guardian, in consideration of the request and permission to participate in the referenced act assume full responsibility for all risk of injury or loss which may result from my participation in this activity and hereby AGREE TO HOLD HARMLESS AND FOREVER DISCHARGE the City of Culver City, their respective officers, agents and employees from any and all acts of negligence and all claims and demands whatsoever which the undersigned, any third person, or any persons acting on their behalf, have or may have against the said City of Culver City, or their respective officers, agents or employees, by reason of any accident, illness, injury to or death of any person or persons, or damage to or loss or destruction of any property arising or occurring during said participation, or any time subsequent thereto. The terms of this release will serve as a release and assumption of risk for my heirs, executors and administrators and for all of my family members.


I agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous exercise or activity, and understanding this I state that to the best of my knowledge, I have no medical, physical, mental or emotional health conditions which would hinder or prevent my active participation in the referenced activity.

I, the undersigned, agree and acknowledge that I may be photographed while participating in the referenced activity, and that my likeness may be reproduced in a City sponsored publication.

Please note: We strongly recommend that each participant have some type of accidental medical insurance for his/her own protection.

Signature of Participant _____ Date _____

Signature of Parent or Guardian _____ Date _____


Culver CITY
 Parks, Recreation & Community Services Dept.
 4117 Overland Avenue
 Culver City, CA 90230
 (310) 253-6650