

Feather River Recreation & Park District Registration Form

Register today at the Activity Center: 1875 Feather River Blvd. Oroville, CA 95965 www.frrpd.com

Adult Last Name	Adult First Name		(Relation	(Relationship to Participant)				
Address	City		State		Zip			
Home Phone	Cell Phone	Work Ph	none		Emergency Phone			
E-mail	Add me to the FRRPD Monthly Newsletter							
How did you hear about us? (circle one)	Friend/Referral Website	/Social Media/Facebook	Flyer	Newspaper	Event/Promotion			

Sex M/F	DOB	Class/Activity Title
	Sex M/F	Sex M/F DOB

Agreement Waiver and Release

I have carefully read the description of the program(s) for which I/we are registering and in consideration for being permitted by the Feather River Recreation and Park District to participate in the above activity. I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the Feather River Recreation and Park District (its officers, employees, and agents)from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence of carelessness on the part of the person or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks. It is further agreed that this waiver, release and assumption risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity. Parental Consent: (to be completed and signed by parent/guardian if participant is under 18 years of age). I hereby execute the above agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned harmless from any loss, liability, damage, cost or expense which they may incur as a result of death or injury or property damage that said minor may sustain while participating in said activity. In case of emergency, participant(s) may be treated by a qualified physician. All payments must be made by the 10th of each month. If payment is not received by the 10th, I will be charged a \$10 late fee. FRRPD reserves the ri

Signature

Date

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Feather River Recreation Park District, their agents, owners, officers, volunteers, participants, personnel, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "FRRPD"), I hereby agree to release, indemnify, and discharge FRRPD, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in gymnastics, trampoline, and any other recreational activity entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: slips and falls; falling from equipment; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards; strains, cuts, bruises, muscle soreness and fractures; musculoskeletal injuries including head, neck, and back; injuries to internal organs; the negligence of other people; trampolines entail certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Trampolines expose its participants to the usual risk of cuts and bruises. Other more serious risks exist as well. Participants often fall off equipment, sprain or break wrists, ankles and legs, and can suffer more serious injuries as well. Traveling to and from trampoline locations will raise the possibility of any manner of transportation accidents. Participants often fall on each other resulting in broken bones and other serious injuries. Double bouncing, more than one person per trampoline can create a rebound effect causing serious injury. Flipping and running and bouncing off the walls is dangerous and can cause serious injury and must be done at the participants own risk. In any event, if you or your child is injured, any medical assistance will be at your own expense.

Furthermore, FRRPD personnel have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

- 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless FRRPD from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of FRRPD's equipment or facilities, including any such claims which allege negligent acts or omissions of FRRPD.
- 4. Should FRRPD or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- In the event that I file a lawsuit against FRRPD, I agree to do so solely in the state of California, and I further agree that the substantive law 6 of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against FRRPD on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at FRRPD. T

Duint Mana	·	read this entire document. I have read and understood it, and I agree to be bound by its terms. Phone Number					
Address			_City				
State	Zip	Email					
Signature of Participant			Date				

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of the following minor(s)

(clearly print Minor's or Minors' name(s)) being permitted by FRRPD to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless FRRPD from any and all claims which are brought by, or on behalf of Minor(s), and which are in any way connected with such use or participation by Minor(s).

Parent or Guardian: _____ Print Name: _____ Date: ____