

MISSION OAKS RECREATION & PARK DISTRICT
 3344 Mission Avenue, Carmichael, CA 95608
 Fax: (916) 488-4349 E-mail: mail@morpd.com

Participant Name (Please print) _____ Phone _____

Address _____ City _____ Zip _____

Email Address _____ Receipt # _____

Program/Trip	Birth Date	Date/Days	Activity Date	Program Fee	Total
					\$

IF REGISTERING A YOUTH UNDER AGE 18 PLEASE SUPPLY INFORMATION REQUESTED BELOW

School attending:		Grade:	Age:	Gender:	Shirt size
Parents name:		Phone number:		Cell number:	
Emergency contact:		Phone number:			

Check Payment Type: Check # _____ (Make payable to **MORPD**; a \$45 fee will apply for all returned NSF checks)

Cash MasterCard Visa Card Number _____ Exp. Date _____

Name/Signature of Cardholder _____

AGREEMENT, WAIVER, AND RELEASE FORM

In consideration for being permitted by the above 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 above district (its officers, officials, 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 or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of 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 a result of my death or injury or property damage that I may sustain while participating in said activity.

Parental Consent: (to be completed and signed by parent/guardian if applicant is under 18 years of age) I hereby consent that my son/daughter, _____, participates in the above activity, and 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 above free and harmless from any loss, liability, damage, cost, or expense, which they may occur as a result of the death or injury, or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE ABOVE DISTRICT AND I SIGN IT OF MY OWN FREE WILL.

PHOTO DISCLAIMER: Mission Oaks Recreation and Park District reserves the right to photograph facilities, activities, and program participants for potential future use. All photos remain the property of the Mission Oaks Recreation and Park District and may be used for publicity and promotional purposes.

SIGNATURE _____ DATE _____

PARENT (if applicable print name) _____