



**CITY OF CARSON - COMMUNITY SERVICES DEPARTMENT
WAIVER, RELEASE, INDEMNIFICATION AND HOLD HARMLESS FORM (MINOR PARTICIPANT)**

(This form is intended for Participants under 18 years of age. If Participant is 18 or over, please use the form entitled, "WAIVER, RELEASE, INDEMNIFICATION AND HOLD HARMLESS FORM (ADULT PARTICIPANT)")

Name of Program or Event: _____

Date and Time of Program or Event: _____

Location of Program or Event: _____

(Information Above this Line to be Completed by City Staff)

Name of Participant: _____
(First) (Last) (M.I.)

Birthdate of Participant: _____ Age of Participant: _____

Name of Parent or Legal Guardian:

(First) (Last) (M.I.)

Address: _____
(Street) (City) (Zip)

Phone Number: (____) _____ - _____

I, the undersigned, certify that I am 18 years of age or over and that I am the parent or legal guardian of Participant. I request, permit, and consent to Participant's participation in the above-referenced program or event ("Program"). I certify and represent that I am aware of no medical condition or physical or mental impediment of Participant that would endanger Participant when participating in the Program. I understand that the Program involves the risk of accident and bodily injury, death, or property damage to Participant, and I agree to assume such risks.

In consideration for Participant's participation in the Program, I hereby waive, release and discharge the City of Carson, its officers, agents, and employees ("City"), from and against any and all claims or liabilities to me or any other person, including but not limited to claims or liabilities for bodily injury, death, or property damage, arising from or related in any way to Participant's participation in the Program, including the negligence of the City or any other participants in the Program, and I agree to waive my rights to make any such claims through any action or proceeding against the City. However, I understand that this paragraph is not intended to release any party from any act or omission of "gross negligence."

To the full extent permitted by law, I agree to indemnify, defend and hold harmless the City against, and will hold and save the City and each of them harmless from, any and all actions, either judicial, administrative, arbitration or regulatory claims, damages to persons or property, losses, costs, penalties, obligations, errors, omissions or liabilities, whether actual or threatened, that may be asserted or claimed by any person, firm or entity arising out of or in connection with Participant's participation in the Program. This indemnity obligation shall be binding on my heirs, successors and assigns and shall not expire.

I acknowledge and agree that City is not responsible for providing medical treatment or medication of any kind to Participant, or for supervising Participant, during or in connection with Participant's participation in the Program or otherwise. However, I authorize, consent, and waive any claim related to City seeking or providing for emergency medical care for Participant in the event City determines the need has arisen during or in connection with Participant's participation in the Program, provided that City shall first make an effort to contact me by calling me at the phone number above, and shall only proceed with seeking or providing for such treatment absent my directive in the event I do not answer or respond immediately.

I hereby grant City the right to photograph or video-record Participant during or in connection with the Program, and to use Participant's photographed or video-recorded likeness, and any image, silhouette, or reproduction of the voice or appearance of Participant taken during or in connection with the Program ("Likeness"), for any purpose, including publicity and promotion of City and its events, and creation or production of materials in any form for such purpose, with no claim of entitlement to any license fee or royalty of any kind from City. I hereby waive any right to the intellectual property of Participant's Likeness. The rights granted by me hereunder shall not expire.

No oral representations, statements or inducements, apart from this written form, have been made with regard to the subject matter of this form. If any portion of this form is declared invalid by a court of competent jurisdiction, the remainder shall continue in full force and effect.

By signing below, I acknowledge and represent that I have read and understand the above, and that I voluntarily agree to its terms.

Signature of Parent/Legal Guardian: _____ Date: _____