

# FUN



# ON THE

# RUN

**ARTS & CRAFTS • SPORTS • GROUP GAMES**



Student First Name

Last Name

Birthdate

Age

Address

City, State & ZIP Code

Allergy and Medical Information

### Parent/Guardian

First Name

Last Name

Cell Phone

Alternate Phone

Email Address

☐ Email me the Recreation Newsletter

### Emergency Contact

First Name

Last Name

Phone/Cell Phone



Sunnyvale

*Signature required on consent form on the back of this page.*

**Program Name:** \_\_\_\_\_

**IMPORTANT:** By signing up online, over the phone or in-person for classes, camps or activities offered by the City of Sunnyvale, you agree to each of the following policies listed online at [Sunnyvale.ca.gov/Activities](https://www.sunnyvale.ca.gov/Activities)

- [Activities Registration, Policies and Procedures](#) (including cancellation, refund, transfer, credit, medical illness and special accommodations policies).
- [Release, Waiver, Hold Harmless Agreement + COVID-19 Informed Consent](#)
- [Participant Wellness and Illness Policy](#)
- [Recreation Code of Conduct and Enforcement Policy](#)
- [Safety – Concussion Management](#)
- [Health Screening Questions](#)

## WAIVER OF LIABILITY AND PHOTO RELEASE

**RELEASE, WAIVER, HOLD HARMLESS AGREEMENT:** In consideration of participation in a camp or activity offered by the City of Sunnyvale, Department of Library and Recreation Services, I, the undersigned for myself and/or as the parent/guardian of the Minor named on this form, agree to indemnify and hold the City of Sunnyvale harmless and hereby waive, release and discharge any and all claims for damage, for death, personal injury, bodily injury (including illness and communicable disease) or property damage which I and/or the Minor may have or which hereinafter may accrue to me and/or the Minor against the City of Sunnyvale, its City Council, employees, agents, independent contractors, instructors and volunteers from and against any liability arising out of or connected in any way with Minor's participation in this camp or activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the person or entities mentioned above.

Additionally, I fully understand that that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. Knowing the risks, nevertheless, I hereby acknowledge that I and/or the named Minor am voluntarily participating in this activity agree to assume those risks on behalf of me and/or the above named Minor and to release and to hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me and/or the above named Minor (or my/our heirs or assignees) for damages.

**PHOTOGRAPHIC RELEASE:** I understand that photographs, recordings, or videos may be taken during this activity, and hereby grant the City permission use my image and/or that of the named minor, which may be captured through video, photo, digital camera or other media during participation in online or in-person classes, for City of Sunnyvale promotional materials and publications.

**COVID-19 AND OTHER COMMUNICABLE DISEASES:** I acknowledge and agree to voluntarily assume any and all risks in any way related to exposure to COVID-19 and any other communicable or infectious disease, including illness, injury, or death of yourself or others, and including without limitation, all risks based on the sole, joint, active or passive negligence of any City of Sunnyvale or any of its officers, employees, agents, and volunteers. You acknowledge that your participation in a class, camp, activity, or event is entirely voluntary. By participating in a class, camp, activity, or event you attest you are knowledgeable about your individual risk of developing severe illness if you are infected with COVID-19 or other communicable or infectious disease; you have made an informed decision about participating based on your individual risk; and you have decided whether to consult with a health care provider based on your individual risk.

By entering your name you are supplying a legally binding signature; it confirms that all information provided to the City of Sunnyvale is correct to the best of your knowledge, and you confirm each of the waivers, consents and other permissions as provided by you to the City of Sunnyvale. It is your responsibility to keep this information up-to-date.

**Child's Name:** \_\_\_\_\_

**Guardian Name (printed):** \_\_\_\_\_

**Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_