

**Each Swimmer must submit a completed form before entering the pool.**

## Smith Park Pool Activity Release Form

**Party Family Name: MID VALLEY WATER POLO**

**Date:**

**Time:**

Participant's Name		Birth Date	Trip Name	
<i>Last</i>	<i>First</i>			
		/ /	Smith Park Pool	

Known Medical Problems:

### WAIVER OF LIABILITY - PHOTO RELEASE

Through this registration form, I realize that no medical insurance is provided for the City of San Gabriel activities and I fully understand that my participation exposes me (or my dependent) to the risk of personal injury, death or property loss or damage. I hereby acknowledge that I am voluntarily participating or allowing my dependent to participate in this event/class and agree to assume any such risks.

I hereby release, discharge and agree not to sue the City of San Gabriel or any of its officers, employees or agents for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation or the participation of my dependent in the event/class from whatever cause, including the active or passive negligence of the City of San Gabriel or any other participants in the event/class.

In consideration for being permitted to participate in the event/class, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of San Gabriel from any and all claims, demands, actions or suits arising out of or in connection with my participation in the event/class.

I am physically able (or my dependent is physically able) to participate in this activity. I consent to any medical treatment my dependent needs while involved in this activity and I agree to pay for it. I hereby consent to the use of photographs depicting me or my dependent in city printed materials and or website.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

Signature:  \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian if under age 18

<b>ADULT PARENT OR GUARDIAN</b>	LAST NAME:		FIRST:	
	ADDRESS:			
	CITY:	ZIP CODE:	BIRTHDATE: / /	
	DAY PHONE: ( )		CELL PHONE: ( )	