

# YUBA COUNTY RECREATION PROGRAM REGISTRATION AND PARTICIPANT WAIVER FORM

ALL CLASS REGISTRATION IS ON A  
FIRST COME BASIS. PRIORITY  
REGISTRATION IS NOT OFFERED.

CLASS / PROGRAM		START DATE		T SHIRT SIZE (IF APPLICABLE)	
PARTICIPANT'S NAME (LAST, FIRST, MI)			AGE	DATE OF BIRTH	
ADDRESS		CITY		STATE	ZIP
TELEPHONE NUMBER (      )		EMAIL ADDRESS			
ETHNICITY / RACE (PLEASE CHECK ONE)					
<input type="checkbox"/> AMERICAN INDIAN / ALASKAN <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> HAWAIIAN / PACIFIC ISLANDER <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER (PLEASE SPECIFY):					
PRIMARY LANGUAGE SPOKEN AT HOME (PLEASE CHECK ONE)					
<input type="checkbox"/> ENGLISH <input type="checkbox"/> HMONG <input type="checkbox"/> PUNJABI <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER (PLEASE SPECIFY):					
HOW DID YOU HEAR ABOUT US					
<input type="checkbox"/> SCHOOL HANDOUT <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> INTERNET <input type="checkbox"/> FRIEND/FAMILY <input type="checkbox"/> OTHER (PLEASE SPECIFY):					
EMERGENCY CONTACT NAME			EMERGENCY TELEPHONE NUMBER (      )		
Health Insurance					
<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families <input type="checkbox"/> Healthy Kids <input type="checkbox"/> Private Insurance <input type="checkbox"/> No Insurance <input type="checkbox"/> OTHER (PLEASE SPECIFY):					

## YUBA COUNTY AND YUBA-SUTTER UNITED WAY PARTICIPANT'S WAIVER, RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration of all the acceptance of my application for entry into the above event, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against Yuba County and Yuba-Sutter United Way as a result of my participation in the event. This release is intended to discharge Yuba County and Yuba-Sutter United Way, its officers, officials employees and volunteers, any other involved municipalities or public agencies from and against any and all liability arising out of or connected in any way with my participation in the event, even though that liability may arise out of the negligence or carelessness on the part of persons or entities mentioned above. I further understand that accidents and injuries can arise out of the event; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who, through negligence or carelessness, might otherwise be liable to me or my heirs or assigns for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. Yuba County and Yuba-Sutter United Way reserve the right to photograph facilities, activities and program participants for potential future use. All photos remain the property of Yuba County and Yuba-Sutter United Way and may be used for publicity and promotional services.

\_\_\_\_\_  
**SIGNATURE OF PARTICIPANT (18 YEARS OR OLDER)**

\_\_\_\_\_  
**DATE**

If the participant in the activity is a minor, I as the parent or guardian of the participant, acknowledge that I have read this Waiver, Release, Assumption of Risk and Indemnity Agreement and sign it on behalf of the participant with full knowledge and understanding of its contents.

\_\_\_\_\_  
**SIGNATURE OF PARENT GUARDIAN**

\_\_\_\_\_  
**PRINTED NAME OF PARENT / GUARDIAN**

\_\_\_\_\_  
**DATE**

I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that Yuba County and Yuba-Sutter United Way provides no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

\_\_\_\_\_  
**NAME OF PHYSICIAN**

\_\_\_\_\_  
**TELEPHONE NUMBER**

\_\_\_\_\_  
**PARTICIPANT OR PARENT/GUARDIAN SIGNATURE**

\*Note: Participant(s) or legal guardian must complete waiver form in its entirety prior to registration

Please Return This Form With Payment To:  
**Yuba County Recreation Program**  
**915<sup>th</sup> 8<sup>th</sup> Street, Ste. 123**  
**Marysville, CA 95901**  
 530-749-5670    Fax: 530-749-5434  
[www.co.yuba.ca.us/recreation](http://www.co.yuba.ca.us/recreation)