

EMERGENCY INFORMATION FORM

		GRADE (Incoming)	BIRTH DATE
ADDRESS		CITY	ZIP
GUARDIAN'S NAME		CELL PHONE	WORK PHONE
GUARDIAN'S NAME		CELL PHONE	WORK PHONE
IN CASE OF EMERGENCY, AI	ND GUARDIAN CANNOT BE R	REACHED, PLEASE CONTACT:	
NAME		RELATIONSHIP	PHONE
NAME		RELATIONSHIP	PHONE
	OR SEPARATED, PLEASE CO		PHONE HE GUARDIAN NOT IN THE HOME
	O OR SEPARATED, PLEASE CO		
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F GUARDIANS ARE DIVORCED NAME MAY THEY TAKE THE CHILD F F NOT, PLEASE ATTACH CUST HEALTH INFORMATION:	ADDRESS FROM THE PROGRAM?	MPLETE THE FOLLOWING FOR TI	HE GUARDIAN NOT IN THE HOME
NAME MAY THEY TAKE THE CHILD F F NOT, PLEASE ATTACH CUST HEALTH INFORMATION: PLEASE LIST ANY ALLERGIES	ADDRESS FROM THE PROGRAM? TODY AGREEMENT AND/OR	MPLETE THE FOLLOWING FOR TO	HE GUARDIAN NOT IN THE HOME



LIABILITY WAIVER/MEDICAL TREATMENT CONSENT

(In order for us to process your registration(s), you must sign the Liability Waiver/Medical Treatment Consent after you have read and agreed to the terms. Registrations where the waiver/consent has been altered will not be processed.)

In consideration for my and/or any of my family members' participation in the City of Novato's recreation program(s) that I wish to register for, I voluntarily RELEASE the CITY OF NOVATO, CITY OF NOVATO SUCCESSOR AGENCY TO THE DISSOLVED NOVATO REDEVELOPMENT AGENCY, CITY OF NOVATO PUBLIC FINANCE AUTHORITY AND THEIR RESPECTIVE OFFICIALS, OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS (hereinafter referred to as "RELEASEES") from any and all liability for injuries, illnesses (including COVID-19), or death or property damage to me and/or my family members resulting from, arising out of, or in any way connected with my and/or any of my family members' participation in the City of Novato's recreation program(s) or use of the RELEASEES' facilities in connection with this/these program(s). I understand that this WAIVER and RELEASE is applicable even though the negligent activities of the RELEASEES may have contributed to the injury or death or property damage suffered by me or any of my family members participating in this/these program(s). I further agree to DEFEND, INDEMNIFY and HOLD HARMLESS the RELEASEES from and against any and all liability, claims, causes of action, and/or losses of any nature or kind (including litigation-related expenses such as attorney and expert witness fees) resulting from, or in connection with, participation in this/these program(s) whether caused by any negligent act or omission of the RELEASEES.

I further understand that serious accidents may occur in the City of Novato recreation program(s) that I am registering for, that participants in this/these program(s) may sustain mortal or serious personal injuries, and/or property damage, as a consequence of their participation in this/these program(s). Knowing the risks of said event, nevertheless, I HEREBY AGREE TO ASSUME THOSE RISKS AND TO RELEASE AND HOLD HARMLESS TO THE FULLEST EXTENT ALLOWED BY LAW ALL OF THOSE PERSONS MENTIONED ABOVE WHO THROUGH PASSIVE OR ACTIVE NEGLIGENCE OR CARELESSNESS MIGHT OTHERWISE BE LIABLE TO ME FOR DAMAGES.

It is further understood and agreed that this waiver, release, hold harmless and indemnification agreement is to be binding on me, any of my participating family members, and all of our heirs, representatives, and assigns.

I hereby authorize qualified physicians to render medical treatment or care that they may deem necessary for me or my family members in case of illness or accident during such program(s). In the event of injury of a child participant, and if a parent/guardian cannot be reached, the Novato Fire District will be contacted to transport the injured to:

□ Novato Community Hospital or		
☐ Kaiser Permanente		
(Please check one. If none are checked, the i	njured will automatically be transported to No	ovato Community Hospital.)
below am giving my permission for photogra	ay be taken of participants during recreation aphs of me and/or my child(ren) participating surposes as display in advertisements and proecity's website.	in the program to be used and
By my signature below, I signify that I have stated above.	read, understand, and voluntarily agree to b	e bound by each of the terms
PRINTED NAME OF PARTICIPANT		
PRINTED NAME OF PARENT/GUARDIAN	SIGNATURE OF PARENT/GUARDIAN	DATE