

Mission Oaks Recreation and Park District Gymnastics Summer Camps June 21 - August 13, 2010

AGREEMENT, WAIVER, AND RELEASE Unsigned Form Will Not Be Processed

In consideration for being permitted by the above district to participate in the above activity. I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me as a result of participation in said activity. This release is intended to discharge in advance the above district (its officers, officials, employees, and agents) from any and all liability arising out of, or connected in any way, with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense, which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activity.

PARENTAL CONSENT: (to be completed and signed by parent/guardian if applicant is under 18 years of age) I hereby consent that my son/daughter, _____ to participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY OWN FREE WILL.

Signature: _____ Date: _____

Name(Printed): _____

Signature of: Parent _____ Guardian _____ Participant over 18 years _____

****PLEASE WRITE PARTICIPANT'S NAME IN BOX PROVIDED ABOVE****

Mission Oaks Recreation and Park District and Pozsar's Gymnastics Present:



Gymnastics Summer Camps *4 Sessions Available*

This is not a program of the San Juan Unified School District and San Juan accepts no liability or responsibility for this program.



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