ACRPD Registration Form

Participant/guardian must read and fill out the form in its entirety before the start of the activity/class. If the waiver is not signed, the participant will not be registered, and the form will be returned.
Make checks payable to **"ACRPD"** and submit the form with payment to:
Arcade Creek Recreation and Park District • 4855 Hamilton Street, Sacramento, CA 95841

Payer's Name_____ DOB_____ Gender_____
Address_____ City_____ Zip_____
Phone (Primary)_____ Phone (Secondary) _____
Emergency Contact Name_____ Phone_____
E-Mail_____

Participant Full Name	DOB	Gender	Activity/Class	Date(s)	Location	Amount

ADA ACCOMMODATIONS:
☐ I require ADA accommodations. (Please allow a minimum of two weeks' advance notice.)

Total $

AGREEMENT, WAIVER & RELEASE:
In consideration for being permitted by the Arcade Creek Recreation & Park District to participate in the above-referenced 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 District (including its officers, employees, volunteers 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 active or passive negligence or carelessness on the part of the persons or entities mentioned above.

It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs, administrators, executors, and assigns and that I shall indemnify and hold the Arcade Creek Recreation & Park District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or be connected in any way with my participation in said activity.

Additionally, I fully understand 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. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

VIRTUAL CLASS RELEASE: I hereby warrant and agree that the conditions of my environment are safe, free from obstructions, and suitable for participation in the above-referenced activity. I further understand and agree that any material downloaded, viewed, or otherwise obtained through my participation in said activity is done at my own risk and the District is not responsible for any loss, alteration, corruption, or other damage to my personal property, including computers, networks, and other property used as part of my participation.

PHOTOGRAPHIC RELEASE: I understand that District staff may photograph/video me and/or my minor children and that the District may use such photographs/videos to promote District programs now and in the future. I expressly allow, and hereby waive any objection to, the District photographing/ videoing me and/or my minor children on the date printed above. I understand that all photos/videos will remain the property of the District.

PARENTAL/GUARDIAN CONSENT: (to be completed and signed by parent/guardian if Participant is under 18 years of age.) I hereby consent that the participant listed above,_____(name), participate in the above-referenced activity, and I hereby execute the above Agreement, Waiver and Release on their behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the District (including its officers, employees, volunteers and agents) free and harmless from any loss, liability, damage, cost or expense which may arise out of or connected in any way with said minor's participation in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER & RELEASE AND FULLY UNDERSTAND ITS CONTENTS. 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 FREE WILL.

Signature of Participant (or Parent/Guardian)_____ Date_____

Name (Print) _____

Payment Type	☐Online	☐ Check	☐ Credit Card #	3-Digit #	Exp