

**WAIVER & LIABILITY RELEASE
(TEEN HANG OUT)**

Name of Minor: _____

Program Site: TEEN HANG OUT Grade: _____

For the Parent/Guardian:

I, the undersigned, understand that TEEN HANG OUT sponsored by the San Luis Obispo Parks and Recreation Department, involves physical activity. I further understand that accidents can occur during TEEN HANG OUT and that participants can occasionally suffer serious injury. Nevertheless, **I, ON BEHALF OF THE ABOVE-MENTIONED MINOR (hereafter "Minor") AND FOR MYSELF, HEREBY ASSUME THESE RISKS OF PARTICIPATING IN THE ABOVE-MENTIONED SPECIAL EVENT.**

In return for allowing Minor to participate I, on behalf of Minor and for myself, hereby waive, release, and discharge any and all claims for damages for death, personal injury, disability or property damage of any kind which may hereafter accrue to Minor or myself as a result of his/her participation in this activity. This release is expressly intended to discharge in advance the City of San Luis Obispo and its employees, agents, and volunteers from and against any and all liability arising out of or connected in any way with Minor's participation in this activity. **THIS RELEASE WILL APPLY EVEN THOUGH LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THOSE DISCHARGED INCLUDING THEIR EMPLOYEES, AGENTS, AND VOLUNTEERS.** This Waiver and Liability Release shall apply to Minor and myself, as well as any of our heirs, executors, or administrators. By my signature below, I hereby certify that I am the parent or legal guardian of Minor and that I am acting in that capacity. Further, I acknowledge that I have read this document and understand its contents.

TEEN HANG OUT IS A DROP-IN PROGRAM. PARTICIPANTS ARE FREE TO LEAVE, BUT WILL NOT BE ALLOWED TO RE-ENTER EVENT.

Signature of Parent/Guardian Parent's Name (Print) Date

Home Phone Work Phone e-mail address

PARKS AND RECREATION DEPARTMENT PERMISSION SLIP

This form is valid for ALL TEEN HANG OUT events from September 1, 2008 - June 11, 2009.

Birthdate: _____ Address: _____
City: _____ Zip Code: _____

For Leader Information

Asthma: Yes ___ No ___ Physical Limitation: _____

Diabetes: Yes ___ No ___ Allergies: _____

Epilepsy: Yes ___ No ___ OTHER: _____

Persons to contact in case of emergency:

1. _____
Name Phone Relation to Child

2. _____
Name Phone Relation to Child



For the Parent: I, the undersigned, acknowledge that the San Luis Obispo Parks and Recreation Department sponsors the above-named activity and realize that **NO MEDICAL INSURANCE IS PROVIDED.** I, the parent/guardian of the above named minor, hereby approve his/her participation in the above mentioned activity. Further, I consent to emergency medical treatment for this minor should the need arise. I expect that the activity supervisors will make an effort to contact me, time permitting, before any treatment other than minor first aid is administered. I hereby grant permission to the employees of the City of San Luis Obispo Parks and Recreation Department to include pictures and/or video of my children taken during department activities, in any future brochures or other publicity developed by the department or by the media. I understand that I will not receive compensation for the use of the pictures.

Signature of Parent or Guardian Date



The City of San Luis Obispo is committed to include the disabled in all of its services, programs and activities. TDDeaf (805) 781-7410.