



**54TH/56TH STREET
SEPTEMBER 26TH & 27TH**

SEPTEMBER 26-27, 2015 Recreational Divisions for Amateurs Only
Competitors must be of age as of September 26, 2015. Entry deadline: September 24th, 2015

ENTRY FORM

HOW TO ENTER

Make check or money order payable to:

The City of Newport Beach, Mail to: Recreation and Senior Services Department
100 Civic Center Dr. Newport Beach CA 92660

or fax entry form with credit card information to (949) 644-3155

Entry Fee: \$30

THE DEADLINE FOR ALL ENTRIES IS THURSDAY, SEPTEMBER 24, 2015

NOTE

You can only pre-enter one division per person, a second division may be entered only on the day of the event if space is available

Amateur Divisions and Fees:

- | | |
|---|--|
| <input type="checkbox"/> Elementary (11 & under) \$30 | <input type="checkbox"/> Master's (30 & up) \$30 |
| <input type="checkbox"/> Middle school (12-14) \$30 | <input type="checkbox"/> Legends (40 & up) \$30 |
| <input type="checkbox"/> High school (15-18) \$30 | <input type="checkbox"/> Hall of Fame (50 & up) \$30 |
| <input type="checkbox"/> Open Men's (19 & up) \$30 | <input type="checkbox"/> Open Girls (All ages) \$30 |

NAME _____ DATE OF BIRTH _____

ADDRESS _____ MALE _____ FEMALE _____

CITY _____ STATE _____ ZIP _____ APT# _____

TELEPHONE _____ EMAIL _____

Photo Release I understand that from time to time City representatives may photograph activities of City recreation programs and participants. By signing this form, I authorize the City of Newport Beach to use or publish any photographs taken by the City showing my participation or my child/children's to promote classes on the City's Internet web site, future publications of the Newport Navigator and/or flyers.

Waiver & Release of Liability In consideration of participation in the Program, I (We), the undersigned, recognize, agree and acknowledge as follows: (1) Participation in the Program is voluntary. (2) The participant is in good health, physically able to participate in the Program without restrictions and has no medical condition that would or may cause participation to be potentially hazardous to his or her health. (3) Failure to disclose a medical condition could terminate participation. (4) There is a real possibility that participant could be seriously injured while participating in the Program. (5) Participant assumes all risks associated with participation in the Program. Participant acknowledges the inherent and potential dangers of participating and expressly waives and voluntarily assumes all risk of personal injury or death which may be sustained while participating. I (We) **RECOGNIZE THAT THE REGISTRATION IN THE PROGRAM IS DANGEROUS AND CONTAINS RISK OF PERSONAL INJURY, DEATH, DISABILITY, PROPERTY DAMAGE OR LOSS ("DAMAGES")**. I ASSUME ANY AND ALL RISKS associated with me or my child's participation in the Program, including, but not limited to, strenuous physical activity or exertion; striking or being struck, by objects or persons; slipping; and exposure to heat, cold or humidity. Such risk may result in injuries that include, but are not limited to, sprain, strain or tear of muscles or ligaments; fracture or dislocation of joints or bones; head or facial injuries; spinal cord or internal injuries. I know that the risks, hazards and dangers include, but are not limited to, falling, slipping, colliding with other users, staff or spectators. I understand that these risks, hazards and dangers are further increased when other persons, whether or not of the same level of experience, are present at the same time and/or using the same facilities. **ALL SUCH RISKS ARE KNOWN AND APPRECIATED BY ME.** I hereby, for myself, my child, heirs, or anyone who might claim on my or my child's behalf, agree not to bring any claim, and waive, release and forever discharge the City of Newport, the Newport-Mesa School District, and all of their officers, agents, and employees from any and all duty to me, my child and/or liability for damages arising out of or in the course of my/my child's participation in the Program, including all liability for any active or passive negligence by the City/Newport-Mesa School District and/or their officers, agents and employees. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I waive and voluntarily assume all risk of personal injury which may be sustained while participating. The laws of the State of California shall govern this agreement. The undersigned, hereby acknowledged to be lawful parent(s) (and/or guardian(s)) of the participant, acknowledge(s) my/our qualifications to sign the Release on behalf of the participant.

SIGNED: (PARENT/GUARDIAN IF UNDER 18) _____

SIGNED: (CONTESTANT) _____

CREDIT CARD NUMBER _____ TYPE _____ EXP. DATE _____

CVV (3 OR 4 DIGIT CODE ON BACK OF CARD) _____

**FOR INFORMATION REGARDING THIS EVENT:
THE CITY OF NEWPORT BEACH RECREATION & SENIOR SERVICES DEPARTMENT (949) 644-3151**