

Activity Name:

Dates:

ADULT/GUARDIAN INFORMATION (Please print all information)

Adult/Guardian Last Name	Adult/Guardian First Name
Participant's Name	Date of Birth
Participant's Name	Date of Birth
Participant's Name	Date of Birth
Participant's Name	Date of Birth
Participant's Name	Date of Birth
Participant's Name	Date of Birth

WAIVER & RELEASE OF LIABILITY In consideration for participation in the programs and activities held in person, through an online platform, or by any other means whether located on or off of public property ("PROGRAMS"), conducted by the City of Newport Beach, the Newport-Mesa Unified School District, or other such providers ("PROGRAM PROVIDERS"), I, on behalf of myself and on behalf of the participant of the PROGRAMS if someone other than me (both collectively, "PARTICIPANT") hereby: (1) acknowledge that participation in the PROGRAMS is voluntary; (2) agree to follow and abide by all rules, regulations, guidelines, and codes of conduct applicable to participation in the PROGRAMS; (3) certify that the PARTICIPANT is in good health and physically able to participate in the PROGRAMS, and does not have a medical condition that could make participation in the PROGRAMS hazardous to PARTICIPANT's health or the health of others; (4) agree to provide verification from a licensed medical professional of PARTICIPANT's physical fitness to participate in the PROGRAMS when requested by PROGRAM PROVIDERS; (5) agree that failure to disclose that participation by PARTICIPANT could create an unreasonable risk to PARTICIPANT or others may result in the PROGRAM PROVIDERS terminating PARTICIPANT from the PROGRAMS; (6) agree that PROGRAM PROVIDERS may terminate PARTICIPANT from participation in PROGRAMS at any time and in their sole and absolute discretion; (7) understand that participation in the PROGRAMS could result in bodily injury, property damage, death, disability, or other loss to PARTICIPANT or others as a result of, including by not limited to, strenuous physical activity or exertion, striking or being struck by objects or persons, falling, slipping, tripping, colliding with other persons or things, exposure to moisture, heat, cold, humidity, or sickness and disease (including but not limited to, COVID-19), which injuries and damage may include, but are not limited to, scrapes, bruises, cuts, sprains, strains, tearing or pulling of muscles or ligaments, fractures, dislocation of joints or bones, head or facial injuries, spinal cord injuries, internal injuries, or other injuries of any nature whatsoever which could be permanent or even fatal (collectively, "RISK OF INJURY"); (8) CERTIFY THAT PARTICIPANT AGREES TO ASSUME ANY AND ALL RISK OF INJURY ON BEHALF OF PARTICIPANT AND ANYONE WHO MAY CLAIM ON PARTICIPANT'S BEHALF; (9) CERTIFY THAT PARTICIPANT AGREES, ON BEHALF OF PARTICIPANT AND ANYONE WHO MIGHT CLAIM ON PARTICIPANT'S BEHALF, TO RELEASE, WAIVE, AND HOLD THE PROGRAM PROVIDERS HARMLESS FROM ANY AND ALL CLAIMS, ACTIONS, PROCEEDINGS, AND LIABILITY OF EVERY KIND OR NATURE WHATSOEVER, WHETHER FORESEEN OR UNFORESEEN, KNOWN OR UNKNOWN, RELATED TO, CAUSED BY, OR ARISING OUT OF PARTICIPANT'S PARTICIPATION IN THE PROGRAMS; and, (10) certify under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

MANDATORY SIGNATURE: _____

DATE: _____