

Registration & Consent Release and Waiver of Liability Form:

Basketball, Tot-letics, Futsal, KidsClub, KidsCamp, BreakOut, Pickleball, Dog Obedience, Dog Rally/Agility, Birthday Parties, Skating, Martial Arts, Dodgeball, Volleyball, Special Events, Dances, Softball, PlayGroup and other activities authorized by my payment.

I, the undersigned, understand that participation in recreational activities involves inherent risk, and the risk of injury does exist. I, the undersigned, certify that I and/or the stated minor for whom I am the parent/legal guardian are in good health and able to participate in activities for which I register and/or pay the program fee. I, the undersigned, hereby acknowledge that I and/or the stated minor are voluntarily participating and agree to assume any and all risks associated with participation in any of the sponsored recreational programs offered by the McKinleyville Community Services District, Parks & Recreation Department. I fully understand participation in said programs may expose participants to the risk of personal injury, death, or property damage. I hereby release, discharge, and agree not to sue the McKinleyville Community Services District for any injury, death, or damage to, or loss of personal property arising out of or in connection with the participation of the undersigned and/or the stated minor for whom I am the parent/legal guardian in said programs from whatever cause, including the active or passive negligence of the McKinleyville Community Services District or other participants in said program. In consideration for being permitted to participate in said program, I hereby agree, for myself, my heirs, administrators, executors, and assigns that I shall indemnify, defend and hold harmless the McKinleyville Community Services District, its' agents and employees, from any and all claims, demands, actions, or suits asserted by me or on my behalf out of or in connection with my participation or that of the stated minor for whom I am the parent/legal guardian in said program. I, the undersigned has the legal right and hereby gives permission for myself and/or the stated minor for whom I am the parent/legal guardian to be photographed/videotaped during participation in any activity sponsored by McKinleyville Community Service District. The undersigned gives permission for any use of photos or videos without limitation (including public release) or consideration. I have carefully read this Release, Hold Harmless and Waiver Agreement, and agree not to sue and understand its' contents. I am aware that it is a full release of all liability and I sign it voluntarily on my own free will. Executed as of the date set forth below.

Please Print Clearly

Adult / Guardian (Head of Household): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Email address (required for online access): \_\_\_\_\_

Adult / Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Minor's Name: \_\_\_\_\_ Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ School: \_\_\_\_\_

Does child have a physical/medical or mental limitation? Allergies?  Yes  No If yes, explain below: \_\_\_\_\_

Residential Status

\*based on address of individual completing form

Is your residence within the McKinleyville Community Services District service area?  Yes  No
If not, do you own property or a business within the service area?  Yes  No If yes, explain below:

Business Name

Street Address

Minor's Name: \_\_\_\_\_ Male  Female   
First Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ School: \_\_\_\_\_

Does child have a physical/medical or mental limitation? Allergies?  Yes  No If yes, explain below:

\_\_\_\_\_  
\_\_\_\_\_

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Minor's Name: \_\_\_\_\_ Male  Female   
First Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ School: \_\_\_\_\_

Does child have a physical/medical or mental limitation? Allergies?  Yes  No If yes, explain below:

\_\_\_\_\_  
\_\_\_\_\_

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Minor's Name: \_\_\_\_\_ Male  Female   
First Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ School: \_\_\_\_\_

Does child have a physical/medical or mental limitation? Allergies?  Yes  No If yes, explain below:

\_\_\_\_\_  
\_\_\_\_\_

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Minor's Name: \_\_\_\_\_ Male  Female   
First Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ School: \_\_\_\_\_

Does child have a physical/medical or mental limitation? Allergies?  Yes  No If yes, explain below:

\_\_\_\_\_  
\_\_\_\_\_