



Liability Waiver

Effective Dates: March 1, 2020 through February 28, 2021

This liability waiver covers all activities, classes, camps, and programs provided by the Livermore Area Recreation and Park District from March 1, 2020 through February 28, 2021. Additional program/activity permission slips may be required.

Each person age 18 and over in the household, listed in the Participant's Information section below, must sign and date this form.

Participants Information					
	First Name	Last Name	M/F	Date of Birth	Age
1.					
2.					
3.					
4.					
5.					

Parent/Guardian/Head of Household (18+ Years): _____
(Last Name) (First Name)

Street Address: _____ City: _____ Zip: _____

Home #: _____ Cell #: _____ Email: _____

Emergency Contact Name: _____ Emergency Phone: _____ Relationship: _____

Refund and/or Transfers will be granted up to seven (7) business days prior to the first class meeting. Refunds and/or transfer requests made less than seven (7) business days before the first class meeting will not be granted. There is a \$12.00 processing charge on all refunds/transfers initiated by the participant or guardian. If the course is cancelled by Livermore Area Recreation and Park District, the participant will have the option of transferring to a similar program or will be granted a full refund. Refunds may be given after a course has begun due to a particular medical condition if a doctor's note is provided. These refunds are at the discretion of Livermore Area Recreation and Park District. Fees paid via credit card may be refunded to the same credit card used for payment.

By signing below I acknowledge that this or any activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks for myself and my minor children. To the greatest extent permitted by law, the undersigned shall hold harmless, defend and indemnify Livermore Area Recreation and Park District (LARPD) and its subordinate and affiliated agencies, officers, officials, employees, sponsors and volunteers (collectively "Indemnities") from and against any and all liability, loss, damage, expense and costs (including without limitations costs and fees of litigation) of every nature arising out of or in connection with the participation by any of the above-listed Participants in any activity for which such Participant is being registered, except such loss or damage which is caused by the sole negligence or willful misconduct of the Indemnities. Furthermore, I hereby agree that I, my successors and assignees will not make claim against, sue, attach the property of, or prosecute any of the Indemnities for any injury, liability, loss, damage, expense or costs arising out of or resulting from the participation by any of the above-listed Participants in any activity, class, camp, or program through the Livermore Area Recreation and Park District, for which such Participant is registered at any time during March 1, 2020 through February 28, 2021. If any Participant named above is a minor, I certify that I am the legal parent or guardian of the above participant or otherwise authorized to execute this form on his/her behalf that he/she is in good physical condition and I give my permission for him/her to participate in Livermore Area Recreation and Park District activities, classes, camps, and programs. I hereby grant permission to the LARPD to take my or the above Participant's photo while participating in LARPD activities, classes, camps, and programs to use for publicity. A signature is required by each adult Participant on this form. One authorized parent/guardian may sign for all minors. I understand that I am authorized to sign this form on behalf of all Participants listed above.

Printed Name: _____ Signature: _____ Date: _____
 Printed Name: _____ Signature: _____ Date: _____

LARPD Staff / Accepted By: _____ Date Scanned/Saved: _____ Filed in Household ID#: _____



Livermore Area
 Recreation and Park District
An independent special district

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Acknowledgment of Receipt of the Participant/Parent Concussion Information Sheet

Pursuant to California Health and Safety Code §124235, a concussion and head injury information sheet shall be given by each youth sports organization offering an athletic program to each athlete in the program. The information sheet shall be signed and returned by the parent/guardian of a program or activity participant that is 17 years and under before the program or activity participant participates within the program. The Livermore Area Recreation and Park District’s Participant/Parent Concussion Information Sheet (three pages) are attached to this acknowledgment.

Please note, the information contained in the Participant/Parent Concussion Information Sheet and this Acknowledgment is not medical advice and is no substitute for it.

I certify that I am (i) the participant identified below; or, (ii) the legal parent or guardian of the program and activity participant identified below or otherwise authorized to execute this form on his/her behalf that he/she is in good physical condition and I give my permission for him/her to participate in Livermore Area Recreation and Park District activities, classes, camps, and programs. I hereby acknowledge that I have received the Livermore Area Recreation and Park District’s Participant/Parent Concussion Information Sheet (three pages) that was provided to me by the Livermore Area Recreation and Park District and have read and understood the Participant/Parent Concussion Information Sheet (three pages). I also acknowledge that if I have any questions regarding the signs and symptoms of a concussion or other head injuries, the need to seek medical attention and the protocol for returning to daily programs or activities, I will consult with a licensed health care provider. I understand that I am authorized to sign this form on my behalf or on behalf of the participant listed below.

Participants Information					
1.	First Name	Last Name	M/F	Date of Birth	Age
1.					
2.					
3.					
4.					
5.					

Parent/Guardian Printed Name: _____
 (Last Name) (First Name)

Street Address: _____ City: _____ Zip: _____

Signature: _____ Date: _____

Designated for LARPD Staff Below

Accepted By: _____ Date Saved: _____ Household ID#: _____