

**MINOR ACTIVITY REGISTRATION AND RELEASE AGREEMENT**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_

In case of emergency, please contact:

\_\_\_\_\_  
Name – Parent/Legal Guardian Phone – Home/Business

\_\_\_\_\_  
Name – Parent/Legal Guardian Phone – Home/Business

**RELEASE OF LIABILITY AND INDEMNITY AGREEMENT**

I, the undersigned parent or guardian of \_\_\_\_\_ A minor, hereby agree to allow such minor to participate in \_\_\_\_\_ (class, event, sport or activity). In consideration of the benefits provided by the City of Morro Bay I hereby agree that neither I, my successors, assigns, nor anyone acting on my behalf will make a claim against or sue the City of Morro Bay, its officers, agents, employees, or volunteers for injury or damage resulting from the conditions of any facility, or the negligence, carelessness or other acts, howsoever caused by the City of Morro Bay, its officers, agents, employees or volunteers as a result of such minors participation in the class, event, sport or activity set forth above. In addition, I hereby release the City of Morro Bay, its officers, agents, employees and volunteers from all claims or lawsuits that my successors, assigns, or any one acting on my behalf may now have or may hereafter have at any time have to injury or damage (1) resulting from the condition of any improved facility which has been reasonably maintained (2) resulting from the condition of any unimproved City facility (3) suffered by me while participating in or traveling to and from the class, event, sport or activity set forth above or (4) suffered by me in any other activity associated with the class, event, sport or activity.

\_\_\_\_\_ (Initial Here)

I understand that the Agreement and Release of Liability is enforceable against me only as a parent or guardian of such minor, and that said Agreement and Release of Liability may not be enforced as against such minor.

\_\_\_\_\_ (Initial Here)

As a parent or legal guardian, I hereby give consent to the Morro Bay Recreation and Parks Department to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for the above-named individual. This care may be given under whatever conditions are necessary to preserve life, limb, or wellbeing of my dependent.

\_\_\_\_\_ (Initial Here)

The above-named individual has the following medical conditions and/or allergies.

\_\_\_\_\_

Signature

Printed Name

Date