

Adult Release Form

PLEASE PRINT CLEARLY

Participant's Name: _____

Telephone Number: _____ Birth date: _____

Medical Problems, medication, conditions, special needs, request or comments: _____

Office Use Only

In case of an emergency I authorize a city employee to seek treatment for myself from an available licensed physician. I also authorize a city employee to seek emergency transportation for myself to the nearest hospital. I realize that the City of Bell Gardens will not assume responsibility for payment of medical fees or expenses incurred.

The undersigned promises to indemnify and hold harmless the City of Bell Gardens and its elected representatives, directors, agents, or employees from any and all claims, demands, actions, liability or loss which may arise from or be incurred as the result of an injury or damage to persons or property arising out of participation in or the presentation of recreation activities/events.

I agree that the City of Bell Gardens may take and use such photographs of myself with or without my name and for any lawful purpose, such as publicity, illustration, advertising, and Web content. I grant the City of Bell Gardens, its representatives, and employees the right to take photographs of myself and my property in connection with the identified subject. I authorize the City of Bell Gardens, its assignees and transferees to copyright, use and publish the same in print and/or electronically.

Please circle all the classes you are enrolling in for this month.

Folklorico 4p
Sat.@Ford

Karate Beginners 6p
Mon.&Thurs.@BGVP

Karate Advanced 7p
Mon.&Thurs.@BGVP

Aerobics 10a
Mon.-Fri.@Ford

Aerobics 7p
Mon.- Thurs. @Ford

Other

Participant's Signature: _____ Date: _____

Please Note: REFUND will only be granted if activity is cancelled by the City of Bell Gardens.

Adult Release Form

PLEASE PRINT CLEARLY

Participant's Name: _____

Telephone Number: _____ Birth date: _____

Medical Problems, medication, conditions, special needs, request or comments: _____

Office Use Only

In case of an emergency I authorize a city employee to seek treatment for myself from an available licensed physician. I also authorize a city employee to seek emergency transportation for myself to the nearest hospital. I realize that the City of Bell Gardens will not assume responsibility for payment of medical fees or expenses incurred.

The undersigned promises to indemnify and hold harmless the City of Bell Gardens and its elected representatives, directors, agents, or employees from any and all claims, demands, actions, liability or loss which may arise from or be incurred as the result of an injury or damage to persons or property arising out of participation in or the presentation of recreation activities/events.

I agree that the City of Bell Gardens may take and use such photographs of myself with or without my name and for any lawful purpose, such as publicity, illustration, advertising, and Web content. I grant the City of Bell Gardens, its representatives, and employees the right to take photographs of myself and my property in connection with the identified subject. I authorize the City of Bell Gardens, its assignees and transferees to copyright, use and publish the same in print and/or electronically.

Please circle all the classes you are enrolling in for this month.

Folklorico 4p
Sat.@Ford

Karate Beginners 6p
Mon.&Thurs.@BGVP

Karate Advanced 7p
Mon.&Thurs.@BGVP

Aerobics 10a
Mon.-Fri.@Ford

Aerobics 7p
Mon.- Thurs. @Ford

Other

Participant's Signature: _____ Date: _____

Please Note: REFUND will only be granted if activity is cancelled by the City of Bell Gardens.