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GENERAL RELEASE, WAIVER AND INDEMNITY AGREEMENT

PLEASE PRINT LEGIBLY. MUST BE COMPLETED BY AN ADULT/GUARDIAN.

PARTICIPANT INFORMATION

Name
Birthdate Gender
Address
City State Zip
Home Ph. Cell Ph.
Email
Allergies/Medications
Special Needs

IF PARTICIPANT IS UNDER 18, PLEASE FILL OUT ALL OF THE INFORMATION BELOW:

QUICK TIP For all information that is the same as the participant's, you may write "same."

PARENT/GUARDIAN #1

Name
Birthdate Gender
Address
City State Zip
Home Ph. Cell Ph.
Email

PARENT/GUARDIAN #2

Name
Birthdate Gender
Address
City State Zip
Home Ph. Cell Ph.
Email

EMERGENCY CONTACT OTHER THAN PARENT

Name
Relationship to participant
Home Ph. Cell Ph.

I certify that I have read, understand and agree to the General Waiver to the right.

Name Date

X

GENERAL RELEASE: I certify that I am volunteering to participate in the above program(s). I understand that "participation" in the Program may include preparing for, traveling, receiving instruction, and engaging in the Program. I further certify that I am in good health and have no physical or other impediment which would endanger me while participating in the Program. I realize that, by participating in this Program, I will be exposed to a risk of injury or death. In consideration of permitting me to enroll in and participate in the Program, I agree (on behalf of myself, my heirs, executors, administrators, and assigns) to release, discharge, waive, and relinquish the Joint Powers Authority (and its officers, agents, employees, and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which arise out of or relate to the Program, whether or not the liability, claim, or action arises out of negligence or carelessness on the part of the Joint Powers Authority (or its officers, agents, employees, or volunteers). I further agree (on behalf of myself, my heirs, executors, administrators, and assigns) to indemnify, defend, and hold harmless the Joint Powers Authority (and its officers, agents, employees, and volunteers) from any and all liabilities, claims or actions for personal injury, property damage, or wrongful death which arise out of or relate to my participation in the Program, whether or not the liability, claim, or actions arises out of negligence or carelessness on the part of the Joint Powers Authority (or its officers, agents, employees, or volunteers). I understand the dangers incidental to participating in the Program and the need for safety precautions. I have read this General Release, Waiver and Indemnity Agreement and am fully aware of the legal consequences of signing it.

PARENTAL CONSENT: (To be completed and signed by parent/guardian if applicant is under 18 years of age). I certify that I am the parent or legal guardian of the above participant and that I am entitled to his or her custody and control and I do hereby give permission for the Child to participate in the activity. I further certify that the Child is in good health and has no physical or other impediment which would endanger him or her while participating in the Program. I realize that, by participating in this program, the Child will be exposed to a risk of injury or death. I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I understand the dangers incidental to participating in the program and the need for safety precautions and I have discussed the dangers of the program and the need for safety precautions with the Child.

PHOTO RELEASE: I give permission to the Agoura Hills/Calabasas Community Center to use photographic reproductions of the people named on this form for marketing purposes.

ROCK CLIMBING RELEASE: I acknowledge and agree that the sport of rock climbing and the use of the Agoura Hills/Calabasas Community Center climbing wall has inherent risks. I have full knowledge of the nature and extent of all the risks associated with rock climbing and the use of the rock climbing wall. Injuries from climbing and belaying can result in paralysis or death. No safety equipment can guarantee risk free climbing. Safety equipment is not failure proof: the possible failure of safety equipment is an inherent risk of climbing or belaying. I am in good health and have no physical limitations which would prevent my safe use of the climbing wall and I am not under the influence of drugs or alcohol, which would impair my ability to climb safely.