

*** WAIVER AND RELEASE BY APPLICANT(S)
FOR PARTICIPATION IN A CITY OF CHINO SPONSORED PROGRAM**

Participant Name: _____ Activity: Halloween Spooktacular

Program Dates: From: October 31, 2018 To: October 31, 2018

In exchange for being permitted to participate in any City of Chino activity, I acknowledge and attest to the fact that:

1. My participation, and/or that of my child/children/guardians, is voluntary.
2. My participation, and/or that of my child/children/guardians, potentially can result in injury, death, property damage, and other losses.
3. I am legally competent to understand and accept the associated risks.
4. I will not pursue legal actions against the City for matters arising as a result of my participation, and/or that of my child/children/guardians.
5. I am responsible for payment of all charges associated with my participation, and/or that of my child/children/guardians, for any damages to the City property or other losses of any involved.
6. I will defend the City and its representatives against any claims or lawsuits that are a result of my participation, and/or that of my child/children/guardians.
7. I agree that the City can take photographs and/or film me, and/or my child/children/guardians, while participating in a City activity and/or at a City facility to be used for promotional purposes; and, further that these will be the sole property of the City.
8. I understand that rates, fees, dates, times, classes, schedule of classes, and instructors established by the City may change at any time without notice.
9. I agree that City fliers and class schedules are not an expressed or implied contract.
10. I agree that the City is not responsible for any damage or loss that may arise from a misunderstanding, error, or omission.
11. I understand that the City reserves the right to change or cancel any or all of the participation/use rules at any time.
12. I understand that any individual behaving inappropriately or unsafely will be ejected and denied future participation.

I am signing a full release of any and all liability against the City of Chino and do so of my own free will.

Printed Name: _____ Parent/Guardian

Signature: _____ Date: _____

Address: _____

Phone (day): _____ Phone (evening): _____ Phone (cell): _____

Organization (if any): _____

The City of Chino, in compliance with the Americans with Disabilities Act (ADA) does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs, events, or activities. Requests for accommodations and information regarding provisions of the ADA may be requested from Michael Heroux, ADA Coordinator, at 909.334.3308.

***** **FOR OFFICE USE ONLY** *****

Staff Member Printed Name: _____ Title: _____

Staff Member Signature: _____ Date: _____

*** To be completed by each adult (18 years of age or older)**