

REACH

Registration Form

Student's Name Last: First:	School	Grade	Male/ Female	Date of Birth

Does your child need any special accommodations? No Yes

Please Explain: _____

Allergies: _____

Hold Harmless Agreement

I agree to waive and release the City of Pico Rivera and its officers, agents, and employees from and against any and all claims, cost liabilities, expenses, or judgments, including attorney's fees and court costs arising from my child's (or my) participation in the City's recreation program or any illness or injury resulting therefrom.

I further agree to indemnify and hold harmless the City of Pico Rivera from and against any and all such claims, whether caused by negligence or otherwise, except for illness and injury resulting directly from willful misconduct on the part of the City, its employees.

I understand and agree that by signing this waiver, I am freeing the City of Pico Rivera, its officers, agents, or employees from any liability resulting from my child's (or my) participation in this activity.

I give my permission to the City of Pico Rivera to photograph me or my children participating in the programs for use in the City of Pico Rivera publicity and publications and will not seek compensation for such. _____ **Please initial.**

I hereby represent that I understand and am familiar with the nature of activities in which my child will participate and have personally read and understand this Release.

Parent or Guardian's Signature

Date

For office use only

Input by _____ Date _____
