



City of Pico Rivera
Department of Parks & Recreation



10th Annual
COMMUNITY PRIDE DAY



Saturday, April 19, 2008

8:00 a.m. - 2:00 p.m.

All participants will meet at:
SMITH PARK
6016 Rosemead Blvd.
Pico Rivera, CA 90660

Please call (562) 801-4454
for additional information.



* Charter buses will transport volunteers to and from each site.

* Group registration is available.

* Breakfast, lunch and T-shirts will be provided to all volunteers.

* Please bring your own shovel, rake, and gloves with your name clearly written on them.

Please Complete and Return Form to:

City of Pico Rivera Department of Parks & Recreation
Attn: Jason Chacon
6767 Passons Blvd.
P.O. Box 1016
Pico Rivera, CA 90660



Mayor
Ron Beilke

Mayor Pro Tem
Gracie Gallegos-Smith

Your City Council
Councilmember
Bob Archuleta

Councilmember
David Armenta

Councilmember
Gregory Salcido

Volunteer Information:

Participant's Name: _____ Age: _____ Shirt Size: _____
 Club/Organization: (If Applicable) _____ Main Contact: _____
 Name of Parent or Guardian: _____
 Address: _____ E-Mail: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Emergency Contact (other than parent or guardian): _____ Cell Phone: _____

Please Check Preferred Project Site:

- Pico Park
- Rio Hondo Park
- Rivera Park
- Salazar High School
- Smith Park
- Streamland Park

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 participation in the recreation program or any illness or injury resulting therefrom, and hereby 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 or its employees, officers, or agents from any liability resulting from my (or my child's) participation in this event or activity. I hereby represent that I understand and am familiar with the nature of the activities in which my child will participate in this program. I personally read and understand this release."

I give my permission to the City of Pico Rivera to photograph/video my children or me participating in the programs for use in the City of Pico Rivera publicity and publication and will not seek compensation for such.

Photo/Video Release:

I give my permission to the City of Pico Rivera to photograph/video tape 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. Videos/Photos will be used for the purpose of promoting various programs and services to the community.

Signature of Parent/Guardian: _____ Date: _____