

**City of Moreno Valley**

**ASSUMPTION OF RISK, WAIVER and INDEMNITY AGREEMENT**

**Activity:** \_\_\_\_\_ **Date Range:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Sponsor:** \_\_\_\_\_

**TO BE COMPLETED BY PARENT/LEGAL GUARDIAN AND MINOR:**

I permit (print or type minor's name) \_\_\_\_\_ to participate in the above described activity. In consideration, the Undersigned his/her heirs, executors, administrators and assigns (hereinafter referred to as "Undersigned") hereby voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death occurring to himself/herself arising as a result of participating or receiving instructions in the activity described above. The Undersigned agrees that under no circumstances will he/she prosecute or present any claim from personal injury, property damage or wrongful death against the City of Moreno Valley or the Moreno Valley Community Service District or any of its officers, agents, servants or employees (hereinafter referred to "City and/or District") for any of the described causes of action.

The Undersigned agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against the City and/or District as a result of the above named minor's participation in the described activity, he/she shall indemnify and save harmless the City and/or District from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

Furthermore, in the event of an accident or sudden illness, while participating in the described activity, the Undersigned authorizes the City and/or District to render or obtain whatever medical services may be deemed necessary for the above named minor. The Undersigned understands that the City and/or District has no insurance covering such medical or hospital costs incurred by students and, therefore, any costs incurred for treatment arising from injuries resulting from participation in said activity shall be the sole responsibility of the Undersigned. (Whenever possible, attempts will be made to contact the parent/guardian prior to taking any medical action.)

The Undersigned acknowledges that he/she has read the above three paragraphs, fully and completely understands the potential dangers and possibility of injury, up to and including death, as a result of, or incidental to engaging in, and the instruction of the above described activity, is fully aware of the legal consequences of signing this document, and that such participation is strictly voluntary.

\_\_\_\_\_  
Signature of Minor (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Insurance/Student Accident Insurance Carrier

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver for Event (if applicable)                      Type of Vehicle                      Insurance Company and Policy Number

\_\_\_\_\_  
Emergency Contact(s) and Telephone Number(s)

\_\_\_\_\_  
Provide any health concerns or allergies (i.e. asthmatic, allergic to bee stings, etc.)

\_\_\_\_\_