

North State Skate Series
CITY OF REDDING, CITY OF RED BLUFF, CITY OF ANDERSON
RELEASE AGREEMENT "EXTREME SPORTS" PROGRAM

In consideration of being permitted to participate in the program or league mentioned for recreational benefits to myself, my child or my charge, I and my heirs and assigns do hereby release, discharge and covenant not to sue the City of Redding, City of Red Bluff, and the City of Anderson, their directors, officers, supervisors, sponsors, volunteers or other employees or agents arising out of any personal injury, death or property damage that is incurred by myself, my child or my charge during said participation, whether active or inactive, but only in proportion to and to the extent such liability, claims, damages, losses, expenses, or attorneys' fees, are caused by or result from the negligent acts or omissions of Applicant, its officers, employees, agents, guests or invitees. I also fully understand that there may be some risks involved in participation, including but not limited to those associated with weather conditions, facility conditions, equipment and the conduct of other participants.

Please read and sign below – This statement affects your legal rights:

I am participating in the "Extreme Sports" Program ("Program"), offered by the City of Redding, City of Red Bluff and the City of Anderson. I understand that my participation in the Program and SKATEBOARDING INVOLVES NUMEROUS RISKS OF DEATH OR PHYSICAL INJURY, including without limitation, falls, loss of control, collisions with other people and natural and man-made objects, becoming lost, entrapment, etc., and I, ASSUME THOSE AND ANY AND ALL RISKS OF MY VOLUNTARY PARTICIPATION IN THE PROGRAM.

***NOTE:** If hospitalization or emergency treatment is required for any of the participants, a contact will be notified to get the individual to the hospital and/or home. **There will not be staff available to accompany the participant home or to the hospital. Please provide adequate contact information so that someone can be reached in case of emergency.**

As lawful consideration for my being permitted to participate in the Program, I HEREBY AGREE, ON BEHALF OF MYSELF, TO RELEASE FROM ANY LEGAL LIABILITY AND AGREE NOT TO SUE THE CITY OF REDDING, CITY OF ANDERSON, AND THE CITY OF RED BLUFF, their elected officials, officers, employees, agents and volunteers for any and all injuries, claims or liability by or resulting from or in any way connected with my voluntary participation in the Program.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE CITY OF REDDING, CITY OF ANDERSON, AND THE CITY OF RED BLUFF, their directors, officers, supervisors, sponsors, volunteers or other employees or agents for any claim, judgment or expense the Cities of Redding, Red Bluff and Anderson or such persons may incur arising out of, or in any way connected with, my participation in the Program and whether caused by the negligence of the City of Redding, City of Red Bluff, and the City of Anderson, their directors, officers, supervisors, sponsors, volunteers or other employees or agents. If any portion of this agreement is held invalid, I agree that the balance hereof shall continue in full legal force and effect.

INSURANCE IS THE REPOSIBILITYTY OF THE PARTICIATANT. I fully understand that there is no insurance coverage provided by the sponsors of this Program and that it is my responsibility to obtain such coverage at my own expense prior to participating.

I further represent and warrant that I am advised of the existence of California Civil Code § 1542, which provides as follows:

A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.

Notwithstanding this provision, this will constitute a full release in accordance with its terms. I knowingly and voluntarily waive the provisions of Section 1542, as well as any other statute, law or rule of similar effect, and acknowledge and agree that this waiver is an essential and material term of this Waiver, Release and Assumption of risk.

PARTICIPANT'S SIGNATURE (PARENT OR LEGAL GUARDIAN'S SIGNATURE IF UNDER 18)

DATE

PARTICIPANT'S NAME

AGE

GRADE

ADDRESS

HOME PHONE

WORK PHONE

ALTERNATE CONTACT PERSON

CONTACT PERSON PHONE

CONSENT TO MEDICAL TREATMENT OF MINOR:

I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that the City of Redding, City of Anderson, and the City of Red Bluff provides no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. The location of the activity or the nature of the illness or injury may require the use of emergency medical personnel. I further agree that the City of Redding, City of Anderson, and the City of Bluff may act in an emergency as best fits the situation in the event either myself or emergency contact cannot be reached.

Name of Personal Physician: _____ Doctor's Phone: _____

Signature of Participant or Parent/Guardian: _____