I, ________________________________ (FULL NAME), fully understand that my participation in the L.A. Federation of Senior Clubs / Department of Recreation and Parks sponsored clubs, activities, and events (hereinafter “activity”) exposes me to the risk of personal injury, death, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

I agree to release and hold harmless the City of Los Angeles and any and all of its Boards, Department of Recreation and Parks, its Employees, Officers, Volunteers, Agents and Representatives, from and against all suits and causes of action, claims, losses, demands, and expenses, liability including but not limited to attorney’s fees and cost of litigation, damage, or liability of any nature whatsoever, for death or injury (physical or mental) to any person, including Applicant, damage, loss of expense, theft, equipment malfunction or loss of personal possessions in conjunction with the participation of this activity.

In consideration for being permitted to participate in the activity, I hereby agree, for myself, my heirs, administrators, executors, and assigns, that I shall indemnify and hold harmless the City of Los Angeles and any and all of its Boards, Department of Recreation and Parks, its Employees, Officers, Volunteers, Agents and Representatives, from any and all claims, demands, actions or suits arising out of or in connection with my participation in the activity.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

* ________________________________  ________________________________
Signature                                      Date
Canoga Park Senior Citizen's Club 2020
C/O Canoga Park Senior Center

7326 Jordan Ave.
Canoga Park, CA 91303
(818) 340-2633

Department of Recreation and Parks

Name: __________________________ Phone: __________________________

Address: __________________________ City: __________________________ CA Zip: __________________________

EMAIL: __________________________

Emergency Contact Information: (YOU MUST PROVIDE AN EMERGENCY CONTACT TO PARTICIPATE IN CLUB TRIPS)

Name: __________________________ Phone: __________________________

Relationship: __________________________ EMAIL: __________________________

Medical Information:

Any medical conditions which you want us and emergency responders to be aware of? __________________________

***Note: If you become injured, ill, or incapacitated during any trip, event, or activity, 911 Emergency will be called***

Birthdate: __________________________

Month    Day    Year

Thank you item received

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Thank you item received