

City of Los Angeles Department of Recreation & Parks

STONER RECREATION CENTER



1835 Stoner Ave. Los Angeles, CA 90025 (310) 479-7200 ~ rap.stonerrc@lacity.org

PARTICIPANT INFORMATION: First Name: Last Name: Age: Current Grade:	ACTIVITY/CL	SEASON : (Check/Circle One)							
Eirst Name: Last Name:					Winter	Spring	Summer	Fall	
Birthdate: School: PARENT/GUARDIAN INFORMATION: First Name: Last Name: Address: City: Zipcode: Best Contact #: Email: Emergency Contact Name: Best Contact #: Email: Emergency Contact Name: Best Contact #: PARENT CONSENT & POLICIES: COVID-19 ACCEPTANCE OF RISK AND WAVER LUBRUITY By my participation in PAP programs, and utilizing PAP equipment and fallies during the COVID-19 and the entering onto City of Los Angels Department of Recreation and Parks (RAP) property, participation in PAP programs, and utilization of PAP programs, and utilizat	PARTICIPANT INFORMATION:								
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First Name: Address: City: Zipcode: Best Contact #: Email: Emergency Contact Name: Best Contact #: Emergency Contact Planeting Name Name Name Name Name Name Name Name	School:		Current Grade:						
Address: City: Zipcode: Best Contact #: Email: Emergency Contact Name: Best Contact #: COVID-19 ACCEPTANCE OF RISK AND WAVER LIABILITY PARTICIPANT INITIALS: By my participation, or my child's 1 am fully waver that there are a number of risks associated with me entering onto City of Los Angeles Department of Recreation and Parks (RAP) property, participating in RAP programs, and utilizing RAP equipment and facilities during the COVID-19 pandemic. This waiver, release, and other representations and covenants set forth herein are given in consideration for RAP permitting me and/or my child to participate in RAP programs during this emergency period. Therefore, without limitation, Lunderstand that land/or my child could contact COVID-19 dessee which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death. On behalf of myself our heris, successors and assigns (collectively, the "City Representatives"), from any and all COVID-19 related disins, demands, labilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "Damages") as a result of me entering onto RAP property, participation in RAP programs, and utilization of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "Damages") as a result of me entering onto RAP property, participating in RAP programs, and utilization of the alleged negligence of any (City Representatives or any other person related to COVID-19 entered dains, demands, labilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "Damages") as a result of me entering onto RAP property, participating in RAP programs, and utilization of the alleged negligence of any (City Representative or any other person related to COVID-19 s	PARENT/GUARDIAN INFORMATION:								
Best Contact #: Email: Emergency Contact Name: Best Contact #: COVID-19 ACCEPTANCE OF RISK AND WAIVER LABILITY By my participation, or my child's I am fully aware that there are a number of risks associated with me entering onto City of Los Angeles Department of Recreation and Parks (RAP) property, participating in RAP programs, and utilizing RAP equipment and facilities during the COVID-19 pandemic. This waiver, release, and other representations and covenants set forth herein are given in consideration for RAP permitting me and/or my child to participate in RAP programs, pand utilizing RAP equipment and facilities as described above, and late the representative or any other presentative or any other person related to COVID-19 related claims, demands, libiting, rights, damages, expenses, and causes of action of whatever kind or anxieva, and other losses of any kind, whether known or unknown, foreseen or unforcesser, (collectively, 2 manages") as a removed in the entering onto the supplement and facilities as described above, and on any other presentatives or any other presentatives or any other presentatives or any other present and facilities as described above, including but not limited to personal injuries, death, disease or property/losses, or any other loss, and including but not limited to personal injuries, death, disease or property/losses, or any other loss, and including but not limited to personal injuries, death, disease or property/losses, or any other loss, and including but not limited to personal injuries, death, disease or property/losses, or any other loss, and including but not limited to personal injuries, death, disease or property/losses, or any other loss, and including but not limited to personal injuries, death, disease or property/losses, or any other loss, and including but not limited to personal injuries, death, disease or	First Name: Last			: Name:					
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By registering you or your child, you understand that you are giving your authorization to participate in the Stoner Recreation Center programs and all activities there in. You further agree to relieve the City of Los Angeles Department of Recreation and Parks, its officer, agents, and employees from any liability for injury to you resulting from and/or in connection with the activities in this program. You understand that the Recreation Center carries no insurance. You do hereby authorize the City of Los Angeles to act as agent for you: to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment/hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act and on the medical staff of a licensed hospital; whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authorization is given in advance of any specific consent. PHOTO RELEASE: PARTICIPANT INITIALS: By participating in our programs, patrons agree to allow the City of Los Angeles Department of Recreation and Parks and Stoner Recreation Center to use photographs, video tapes, and testimonials of participants for use in publicity materials free of any fee or usage charge.	By my participation, or my child's I am fully aware that there are a number of risks associated with me entering onto City of Los Angeles Department of Recreation and Parks (RAP) property, participating in RAP programs, and utilizing RAP equipment and facilities during the COVID-19 pandemic. This waiver, release, and other representations and covenants set forth herein are given in consideration for RAP permitting me and/or my child to participate in RAP programs during this emergency period. Therefore, without limitation, I understand that I and/or my child could contract COVID-19 disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death. On behalf of myself our heirs, successors and assigns, I knowingly and freely, assume all such COVID-19 related risks, both known and unknown, relating to my entry onto RAP property, participation in RAP programs, and utilization of RAP equipment and facilities as described above, and I hereby forever release, waive, relinquish, and discharge RAP, along with its officers, agents, employees, or other representatives, and their successors and assigns (collectively, the "City Representatives"), from any and all COVID-19 related claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "Damages") as a result of me entering onto RAP property, participating in RAP programs, and utilizing RAP equipment and facilities as described above, including but not limited to personal injuries, death, disease or property losses, or any other loss, and including but not limited to claims based on the alleged negligence of any City Representative or any other person related to COVID-19 sanitization. I further promise not to sue RAP or any City Representative, and agree to indemnify and hold them harmless from any and all Damages resulting from me and/or my child's contraction of COV								
I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE ABOVE MENTIONED POLICIES AND PRACTICES.	relieve the City of Los Angeles Department of Recreation and Parks, its officer, agents, and employees from any liability for injury to you resulting from and/or in connection with the activities in this program. You understand that the Recreation Center carries no insurance. You do hereby authorize the City of Los Angeles to act as agent for you: to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment/hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act and on the medical staff of a licensed hospital; whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authorization is given in advance of any specific consent. PHOTO RELEASE: By participating in our programs, patrons agree to allow the City of Los Angeles Department of Recreation and Parks and Stoner Recreation Center to use photographs, video tapes, and testimonials of participants for use in publicity materials free of any fee or usage charge.								
SIGNIATI IDE CE DADTICIDANT:		ABIDE BY THE ABO	VE MENTIO	NED POLI	CIES AND PRACTIC				
FOR OFFICE Household ID: Receipt #: Receipt Date: Amount Paid: Payment Method: Age Verified: Staff Initials:									

Cash Credit Check #:_

Yes

No