

CITY OF GLENDALE
COMMUNITY SERVICES & PARKS DEPARTMENT
CONTRACT CLASS PROGRAM

PARTICIPANT'S:

RELEASE OF LIABILITY & INDEMNITY AGREEMENT

I, _____, acknowledge that I have voluntarily applied to participate in the Contract Class Program of the City of Glendale's Community Services & Parks Department ("the City").

I understand and agree that my activities may include, but are not limited to: fitness or exercise classes, visual arts classes, performing arts classes, and special interest classes. I understand and acknowledge that while I am participating in the Contract Class Program, I will be under adult supervision of either a staff member or a contracted instructor from the City's Community Services & Parks Department. For fitness or exercise classes, I agree to provide and wear my own protective body clothing, equipment, or both. I represent that I am: (1) in good physical condition and emotional health, (2) not suffering from any condition, disease, or disability that can hinder or endanger my participation in the Contract Class Program, and (3) qualified to participate in the Contract Class Program. **PLEASE INITIAL:** _____.

I AM AWARE THAT THE CONTRACT CLASS PROGRAM MAY INCLUDE CONTACT SPORTS AND VIGOROUS WORKOUTS. I REALIZE THAT FITNESS OR EXERCISE CLASSES, VISUAL ARTS CLASSES, PERFORMING ARTS CLASSES, AND SPECIAL INTEREST CLASSES CAN BE PHYSICALLY DEMANDING, DANGEROUS, AND HAVE A RISK OF SERIOUS INJURY OR DEATH. I AM FULLY AWARE THAT I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH MY KNOWLEDGE OF THE INHERENT RISKS AND HAZARDS INVOLVED. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY, DEATH, OR PROPERTY DAMAGE.
PLEASE INITIAL: _____.

AS LAWFUL CONSIDERATION for the City's permitting me to participate in the Contract Class Program, **I HEREBY AGREE** that I, my heirs, distributees, guardians, legal representatives, and assigns **WILL NOT MAKE A CLAIM AGAINST, SUE, OR PROSECUTE** the City, its officers, agents, or employees for injury, death, or damage arising out of the negligence, intentional, or other acts, howsoever caused, by the City or by any officer, agent, or employee of the City, as a result of my participation in the Contract Class Program.

In addition, **I HEREBY RELEASE, DISCHARGE, AND AGREE TO "INDEMNIFY" (TO COMPENSATE AND TO DEFEND)** the City, its officers, agents, and employees from and against **ALL ACTIONS, CLAIMS, OR DEMANDS** that I, my heirs, distributees, guardians, legal representatives, or assigns now have, or may later have from today, for injury, death, or damage arising out of my participation in the Contract Class Program.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT TO INDEMNIFY BETWEEN MYSELF AND THE CITY, AND I SIGN IT OF MY OWN FREE WILL.

_____ By my signature below, I certify that I am eighteen (18) years of age or older.

_____ I am under the age of eighteen (18) years. My parent/guardian has read this form with me and has completed the "Parent's/Guardian's Release of Liability & Indemnity Agreement" on the reverse side.

Dated

Participant's Signature

Home Address

City, State, Zip Code

Staff Initials

Home Telephone Number

CITY OF GLENDALE
COMMUNITY SERVICES & PARKS DEPARTMENT
CONTRACT CLASS PROGRAM

PARENT'S / GUARDIAN'S:

RELEASE OF LIABILITY & INDEMNITY AGREEMENT

I, _____, the parent/guardian of _____, acknowledge that my child has voluntarily applied to participate in the Contract Class Program of the City of Glendale's Community Services & Parks Department ("the City").

I understand and agree that my child's activities may include, but are not limited to: fitness or exercise classes, visual arts classes, performing arts classes, and special interest classes. I understand and acknowledge that while my child is participating in the Contract Class Program, my child will be under adult supervision of either a staff member or a contracted instructor from the City's Community Services & Parks Department. For fitness or exercise classes, I agree to provide my child with protective body clothing, equipment, or both. I represent that my child is: (1) in good physical condition and emotional health, (2) not suffering from any condition, disease, or disability that can hinder or endanger my child's participation in the Contract Class Program, and (3) qualified to participate in the Contract Class Program. **PLEASE INITIAL:** _____.

I AM AWARE THAT THE CONTRACT CLASS PROGRAM MAY INCLUDE CONTACT SPORTS AND VIGOROUS WORKOUTS. I REALIZE THAT FITNESS OR EXERCISE CLASSES, VISUAL ARTS CLASSES, PERFORMING ARTS CLASSES, AND SPECIAL INTEREST CLASSES CAN BE PHYSICALLY DEMANDING, DANGEROUS, AND HAVE A RISK OF SERIOUS INJURY OR DEATH. I AM FULLY AWARE THAT MY CHILD IS VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH MY KNOWLEDGE OF THE INHERENT RISKS AND HAZARDS INVOLVED. I HEREBY AGREE TO ACCEPT ON MY CHILD'S BEHALF ANY AND ALL RISKS OF INJURY, DEATH, OR PROPERTY DAMAGE. **PLEASE INITIAL:** _____.

AS LAWFUL CONSIDERATION for the City's permitting my child to participate in the Contract Class Program, **I HEREBY AGREE** that I, my child, our heirs, distributees, guardians, legal representatives, and assigns **WILL NOT MAKE A CLAIM AGAINST, SUE, OR PROSECUTE** the City, its officers, agents, or employees for injury, death, or damage arising out of the negligence, intentional, or other acts, howsoever caused, by the City or by any officer, agent, or employee of the City, as a result of my child's participation in the Contract Class Program.

In addition, **I HEREBY RELEASE, DISCHARGE, AND AGREE TO "INDEMNIFY" (TO COMPENSATE AND TO DEFEND)** the City, its officers, agents, and employees from and against **ALL ACTIONS, CLAIMS, OR DEMANDS** that I, my child, our heirs, distributees, guardians, legal representatives, or assigns now have, or may later have from today, for injury, death, or damage arising out of my child's participation in the Contract Class Program.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT TO INDEMNIFY BETWEEN MYSELF (AND ON MY CHILD'S BEHALF) AND THE CITY, AND I SIGN IT OF MY OWN FREE WILL.

Dated

Signature of Parent or Guardian

Home Address

City, State, Zip Code

Staff Initials

Parent's or Guardian's Home/Work Telephone Number