



City of Galt, Parks & Recreation Department
610 Chabolla Ave., Galt, CA 95632
(209) 366-7180 galtpandr@ci.galt.ca.us
www.ci.galt.ca.us

PARTICIPANT AGREEMENT

PARTICIPANT NAME _____ AGE ____ BIRTH DATE _____

PARENT/GUARDIAN NAME _____

ADDRESS _____ CITY _____

HOME PHONE _____ WORK PHONE _____

E-MAIL ADDRESS: _____

CLASS/ACTIVITY/SPORT _____

I give my permission for my child (“Participant”) to participate in the above mentioned activity, sport or class sponsored by the City of Galt Department of Parks and Recreation (“Department”). I understand and agree, on behalf of the Participant and myself as parent/guardian, to abide by the rules and regulations of the Galt Parks & Recreation Commission and the Department in the recreational activities mentioned above.

I understand that there are inherent risks in this activity, sport or class and that the City shall not provide insurance. Therefore, I agree, on behalf of the Participant and myself as parent/guardian, to save, keep and hold harmless the City, its officers, agents, employees and volunteers from all claims, demands, suits, causes of action, proceedings, damages, injuries, losses and liabilities of any kind, including, without limitation, bodily injury, in law or equity, resulting from or in any way arising out of or related to the Participant’s participation in this activity, sport or class. Further, I agree that the City will not be held liable for any accident, loss or damage, including, without limitation, bodily injury, to the Participant while participating in this activity, sport or class.

This Participant Agreement shall be considered effective as of the date and time filed with the Department.

Refund requests will not be honored if it has been more than 90 days since registration and/or if the class/activity has begun. For every refund request that is processed, your amount will be reduced by \$15.00 for the service fee.

PARENT/GUARDIAN/PARTICIPANT SIGNATURE _____

DATE _____