



CITY OF EUREKA RECREATION DIVISION
1120 F STREET, EUREKA, CA 95501

Eureka Municipal Auditorium

ADULT - DROP-IN ACTIVITY LIABILITY RELEASE FORM
JANUARY 1, 2023 - DECEMBER 31, 2023

Participant Information:

Participant's Name _____ Date of Birth _____ M/F _____
Address _____ City _____ Zip Code _____
Day Phone _____ Evening Phone _____
Emergency Contact _____
Day Phone _____ Evening Phone _____
E-mail Address _____

Medical History

Known Allergies (Bee Sting, Medications, Specific Foods) _____
Medical Conditions: Asthma _____ Diabetes _____ Epilepsy _____
Other _____
Physical Mobility Challenges or Disabilities _____

Emergency Medical Release: Permission is granted for emergency medical treatment if necessary...

PARTICIPANT SIGNATURE: _____ DATE: _____

PARTICIPANT NAME (PLEASE PRINT): _____ DATE: _____

NAME OF DOCTOR: _____ PHONE NUMBER: _____

PLEASE READ CAREFULLY (the City of Eureka does not carry medical insurance for these programs)

List of Activities: Applies to, but not limited to: Basketball, Pickleball, Volleyball, Cardio & Weight Equipment, Group Classes, and Gym Party Reservations.

In consideration for being permitted by the above City to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have or which may accrue as a result of my participation in said activity. This release is intended to discharge in advance the above City (its officers, employees, volunteers, and agents) from and against any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of said City (its offers, employees, volunteers, and agents).

I understand that the above activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above activity; and that participants in the above activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to participate in said activity and I hereby agree to assume any and all risks of injury or death and to release and hold harmless the above City (its officers, employees, volunteers, and agents) who through negligence, carelessness, or any other act or omission might otherwise be liable to me. I further understand and agree that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

I further agree to indemnify and to hold the above City (its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I may sustain while participating in said activity.

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

Participant Signature

Date