

**City of Rio Vista**  
**1 Main St. • Rio Vista CA • (707) 374-6451 x1106**

**Youth Center Release Form**  
**Must Be Completed By All Attendees**

The parent(s)/legal guardian(s) recognizes that \_\_\_\_\_ (enter youth's full name) with a birth date of \_\_\_\_\_ (enter youth's birth date) may participate in any and all sponsored activities during the Youth Center Program 2018.

**Release:**

This release is executed between **The City of Rio Vista** and the parent(s)/legal guardian(s) of the child whose name is listed above. Such release applies for any and all claims of loss or damages for personal injury, death or property damage for which the child may sustain or which may occur as a result of the child's participation in these activities.

The parent(s)/guardian(s) recognizes and affirms that youth activities may be hazardous and include but are not limited to: crafts, hiking, cooking, sports and any other activity in which the youth may engage. The parent(s)/legal guardian(s) recognizes that their youth participate in such activities at their own risk, that they voluntarily assume those risks, and that they are fully familiar with all of the inherent dangers.

By signing this form, the parent(s)/legal guardian(s) also releases all leaders, volunteers, and/or any employee of **The City of Rio Vista** from any liability whatsoever, including but not limited to, on account of first aid treatment or service rendered to their child during participation in any activity. In the event of a medical or surgical treatment while under the supervision of City personnel in connection with the activities, a city supervisor may authorize treatment; I will pay all medical, hospital, or other expenses which my child may incur as a result of such treatment. In case of emergency, every effort will be made to contact parents.

**THE CITY OF RIO VISTA AND THE VOLUNTEERS, EMPLOYEES, SERVANTS AND AGENTS OF THE CITY OF RIO VISTA, ARE HEREBY RELEASED FROM LIABILITY FOR ALL ACTIONS TAKEN IN GOOD FAITH DURING ANY OF THE YOUTH CENTER ACTIVITIES.**

Signature on this release form hereby grants permission for my child to receive all necessary medical treatment (unless written otherwise on this form).

I understand that city staff may photograph or videotape me and/or my child and that the city may use such photographs or videos to promote city programs and classes only. I expressly allow and hereby waive any objection to said photos or video while participating in a city recreational activity. I understand all photos and videos will remain in the property of the City of Rio Vista. (Please initial approval) \_\_\_\_\_

The parent(s)/legal guardian(s) further states that he/she has carefully read this release and knows the contents thereof, and signed this release of their own free will.

Parent's /Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please PRINT Clearly**

Participant's Name (First & Last Name) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Entering \_\_\_\_\_.

Address \_\_\_\_\_ City \_\_\_\_\_ Zipcode \_\_\_\_\_

**Parent/Guardian Information** \_\_\_\_\_ Home Phone \_\_\_\_\_.

Parent's Cell \_\_\_\_\_ Child's Cell \_\_\_\_\_ Alternate Phone \_\_\_\_\_.

Email Address \_\_\_\_\_

**Does your child have any food allergies? Please Circle Yes or No** If you circled Yes, what kind of foods is your child allergic to? \_\_\_\_\_

Parent/Guardian #1 First and Last Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

Parent/Guardian #2 First and Last Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

Person to notify in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

**Insurance Information: Company** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_ Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent's /Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_