



CITY OF ESCONDIDO

Escondido Sports Center
3315 Bear Valley Parkway
Escondido, CA 92025
(760) 839-5425
(760) 739-7019 FAX

FOR INTERNAL USE ONLY
Entered in Amilia
Date Staff Int.

WAIVER/RELEASE FORM

Please print clearly:

Participant's Name: Participant's Birth Date: Age:

Parent/Legal Guardian's Name (if participant is a minor):

Address:

City

State

Zip

Contact Information:

Parent/Participant's Email

Phone #

In the event of an emergency, please notify: (Emergency phone should be a person who can pick up you or your child in the event of emergency.)

Name:

Relationship:

Phone:

Home

Work

A. ESCONDIDO SPORTS CENTER AGREEMENT AND RELEASE OF LIABILITY

I agree to indemnify, defend, hold harmless and release the City of Escondido, its officers, agents, and employees from any and all lawsuits, damages, claims, judgments, loss, liability, or expenses arising out of (1) any death or personal injuries or property damage that I, my child or my ward may sustain while on, or while using, property or equipment owned by or under the control of the City of Escondido, or while participating in any activity sponsored by the City of Escondido, or (2) any death or injury which results or increases by any action taken to medically treat me, my child or my ward. All of the terms above shall apply whether or not the alleged injury is caused by or arises out of any dangerous condition of property, or the alleged negligence or any acts or omissions of the City, its officers, agents, or employees.

I also understand that the City of Escondido does not carry insurance to cover participants in the activities in which my child, my ward or I am/is participating. I understand there are risks associated with these activities, and I assume the risk of any injuries that my child, my ward or I may sustain during any of the activities.

I understand that the City may take photographs/videos for the use in City publications and news releases with my written consent.

B. PARENT/LEGAL GUARDIAN CONSENT FOR EMERGENCY TREATMENT

In the event of sudden illness, accident, or injury which may occur while said minor is engaged in an activity supervised by City of Escondido employees, when neither the parents or legal guardians can be contacted, I hereby give my consent for emergency treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of California.

C. CONSEQUENCES OF PARTICIPATION

- 1. I know that all of the sports at the Sports Center are hazardous recreational activities;
2. I know there is the risk of injury or death if I participate in any of these sports;
3. I voluntarily participate in the sports of the Sports Center, and I sign my name below so that I may participate - I can choose not to sign this agreement by choosing not to participate;
4. I agree that if anything happens to me while participating, including injury or death, I release the City of Escondido and any of its employees from liability; and
5. If injured while participating, I agree that anyone who provides medical assistance shall not be liable if they cause my death/ my child's death or my ward's death, increase my injury/ my child's injury or my ward's injury or cause additional injury.

I AM ABLE TO READ, AND I HAVE READ THE ABOVE WAIVER/RELEASE, EMERGENCY TREATMENT PROCEDURE, CONSEQUENCES OF PARTICIPATION AND UNDERSTAND IT.

X Signature of Participant (of any age)

Date

X Signature of Parent/Legal Guardian (if Participant is a Minor)

Date



**COVID-19 Waiver of Liability and Assumption of Risk Agreement**

In consideration of participation in any City of Escondido Recreation Activity, hereinafter called the "Program", I acknowledge and agree as follows:

1. My or my child's participation in the Program is voluntary, and I choose to enroll myself or my child in the Program in accordance with and subject to the following terms:

- I understand and acknowledge the contagious nature of COVID-19 and voluntarily assume all such risk that I or my child may be exposed to or infected with COVID-19 through participation in the Program, and that such exposure or infection may result in personal injury, illness, permanent disability and/or death.
- I understand and acknowledge there may be additional programs running at the same time as the Program in distinctly separate spaces. If the Program requires a set, limited number of participants ("Stable Groups"), at no time will participants from one Stable Group be allowed to intermingle with or move between other Stable Groups. Per the San Diego County Public Health Order and protocols (the "Protocols"), if Stable Groups are required, I or my child must remain in the assigned Stable Group throughout the Program.
- I understand and acknowledge that I or my child cannot attend the Program with a body temperature above 100° F or if exhibiting any COVID-19 symptoms based on CDC guidelines. All staff and participants will be required to undergo a contactless temperature reading when they arrive and during the duration of the Program. Masks are mandatory for staff, parents, and participants unless Stable Groups are required. Masks will be optional for participants once in their Stable Group.
- I understand and acknowledge if I have or my child has displayed COVID-19 symptoms, I or my child will not be allowed to participate in the Program until I have or my child has tested negative for COVID-19 and can provide a medical professional's clearance; or at least 10 days have passed since the onset of symptoms, and at least three (3) days (72 hours) have passed since recovery, including no fever without the use of fever-reducing medication.
- I understand and acknowledge parents or guardians are permitted to drop off and pick up their children from the Program. Parents or guardians not participating in the Program may not remain onsite of the Program for any reason. Unless children are from the same household they may not carpool to or from the Program.
- I attest that I or my child will refrain from unnecessary physical contact with others during the Program, including hugs, high-fives, and fist pumps, which are not permitted per the Protocols. I or my child will wash and/or sanitize my/his/her hands frequently throughout the day. Staff will provide sanitation stations, but it is also encouraged that participants bring their own hand sanitizer.
- (For Camp Programs) I understand and acknowledge children are required to bring their own snacks and lunch to the Program, and are recommended to bring their own personal water bottle. All personal items must be kept within the area for each Stable Group and items must be six (6) feet from each other.
- I attest that I have or my child has reviewed and understand(s) the attached document that identifies the best practices to prevent the spread of COVID-19.

2. By signing below, I understand and voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury or loss to me or my child resulting from participation in the Program, including but not limited to, personal injury, disability, illness, death, damage, loss, or expense of any kind. I do hereby release, waive, and discharge the City of Escondido ("City"), its officers, agents, and employees ("City Releases") from liability and any and all claims, including the negligence of the City or the City Releases, resulting from participation in the Program.

Signature of Participant	Print Name of Participant	Date	Age

Signature of Parent/Guardian of Participant	Print Name of Parent/Guardian of Participant	Date