



RELEASE, DISCHARGE OF LIABILITY AND ASSUMPTION OF RISK

Name of participant : _____

Address: _____

Telephone: _____ Emergency telephone: _____

Program Sponsors: City of Diamond Bar, Walnut Valley Unified School District, Pomona Unified School District, Diamond Bar Hills Club, Diamond Point Swim Club, Deane Homes Swim Club, and their respective officers, agents and employees.

Name of class or activity (“the activity”): _____

I am physically fit to participate in the activity and have not been diagnosed with any illness or medical condition that would impair my ability to participate in the activity. No physician has recommended against my participation.

I am aware that the activity poses a risk of injury to me, and that occasionally accidents occur during activities of this kind. Knowing these risks, on behalf of myself, I freely and voluntarily agree to assume all of the risks associated with participation in the activity.

In consideration of my being permitted to enroll and participate in the activity, I agree to release and discharge the Program Sponsors from any liability, causes of action, claims or damages for personal injury, property damage and wrongful death arising from or attributable to my participation in the activity, whether or not such liability arises from the program sponsors’ negligence in organizing, planning and implementing the activity.

I understand that by signing this instrument, I (and my legal representatives, heirs, assigns or any other successors in interest) am barred from presenting any claim or instituting any civil action or present any claim for personal injury, property damage or wrongful death against the Program Sponsors who, through negligence or otherwise, might otherwise be liable to me, or other successors in interest for damages.

I HAVE READ THIS RELEASE CAREFULLY AND FULLY UNDERSTAND IT. I UNDERSTAND THE RISKS INVOLVED IN THE ACTIVITY. I UNDERSTAND THAT BY SIGNING THIS RELEASE, I GIVE UP THE RIGHT TO SUE THE PROGRAM SPONSORS. I SIGN THIS RELEASE FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Please initial _____ In the event of a medical emergency, I authorize medical personnel attending to me to make decisions regarding immediate medical treatment as may be necessary until such time as my emergency contact can be consulted.

Please initial _____ By registering for any recreation class or activity, I grant the City of Diamond Bar permission to use my photograph, video or film likeness, for promotional use in any City-related media.

Participant’s Signature:		
Name of Class/Program:	Class #:	Date: