

FOR CAMPERS REQUESTING REGIONAL CENTER SUPPORT

# Camp C.O.O.L.

Vendor# HA0184 Camp Dates - February 6 -8, 2009

- Camper will not be accepted for registration for camp until this form authorizing payment from ACRC is received
- Once form is completed and authorization is approved, submit this form to Access Leisure, 3291 Truxel Rd., Sacramento, CA 95833 Attn: Jenny Yarrow

**PART A-** To be completed and signed by Parent/Guardian/Camper

Campers Name \_\_\_\_\_

Parents Name \_\_\_\_\_

- I am requesting Regional Center support for my son/daughter/self to attend this camp program.
- I understand that this program must be a part of her/his/my ITP/IPP.
- I understand that each day paid of camp paid for by the Regional Center, will be deducted from my "Out of Home" Respite Funds.

\_\_\_\_\_  
Parent/Guardian/Camper Signature Date

**PART B-** To be completed and returned to Access Leisure 3291 Truxel Rd. Sacramento, CA 95833 ATT: Jenny Yarrow by Regional Center Service Coordinator

Service Coordinator's Name \_\_\_\_\_

Regional Center Name \_\_\_\_\_

Address of Regional Center: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Service Coordinator's direct phone line (\_\_\_\_) \_\_\_\_\_

***PLEASE NOTE: Out of Home Respite Days will be used for payment for Snow Camp for this individual***

If you have further questions, clarifications, or concerns, please call Paula Black, Camp Registrar at 916-808-1205

\_\_\_\_\_  
Regional Center Case Manager Signature Date

# CAMP C.O.O.L. CAMPERS CODE OF CONDUCT

1. Camp C.O.O.L. campers shall conduct themselves in conformity to City of Sacramento, Access Leisure policies and procedures and with the traditional etiquette of residential camps. This includes, but is not limited to: bringing credit and honor to yourself, your peers, your counselors, volunteers, and the Camp C.O.O.L. Program.
2. All campers will display proper respect and behavior toward peers, counselors, administrators, volunteers, and the public.
3. All campers will practice appropriate conduct such as but not limited to:
  - Campers will try their best to participate in all camp activities.
  - Campers must strive to be as independent as possible.
  - Maintain a positive attitude.
  - Treat fellow campers and staff as you would like them to treat you.
  - Campers will treat equipment and lodging facility with respect.
  - Camper will follow all rules set forth by transportation personnel both prior to, during trip, and when unloading.
  - Know and follow the rules of the activities/events you are participating in.
  - Campers will not use or consume alcohol, tobacco or illegal drugs.
  - Campers will not purposefully engage in unsafe activities.

## **Action to be taken if a Camper issue arises as a result of not complying with code of conduct:**

1. Camp Director and Camp Program Coordinator will confer to determine the behavior issue and discuss a reasonable solution prior to dismissal.
2. Camp Director and/or Camp Program Coordinator will then discuss the issue with Camper and give the camper an opportunity to rectify the problem.
3. If the behavior persists, the camper will be informed that he or she is to be dismissed from camp.

Exception: If the behavior results in an intentional injury to self, other campers, staff or volunteers, no counseling may occur and the camper may be asked to leave without the opportunity to amend his or her behavior.

The administrators of Camp C.O.O.L. are responsible for enforcement of the Code of Conduct.

I, \_\_\_\_\_ understand that if I **choose** to engage in behaviors or unsafe activities that create a potential hazard to the emotional or physical safety of other campers, staff, and/or volunteers; or am disruptive to the operation of camp, staff may ask me to depart camp.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature if Camper Under 18

\_\_\_\_\_  
Date

DATE: \_\_\_\_\_

# CAMP COOL

## Health History Form

To be completed by athlete's parent or guardian. Camp Cool respects your right to privacy, therefore, all information provided will be strictly confidential.

Please print clearly or type.

1. Camper's Name: \_\_\_\_\_  
Gender F M Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Disability: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

2. EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship to Camper: \_\_\_\_\_

3. Describe in Detail Camper's Disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe Any Significant Illnesses and/or Operations of the Camper and Indicate Month and Year:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe Any Range-of-Motion Limitation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Specify Camper's Assistive Devices (i.e. wheelchair, crutches, walker, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Is the Camper Prone to Seizures: YES NO If Yes, Controlled By medication? YES NO  
Type: \_\_\_\_\_ Frequency: \_\_\_\_\_ Date of Last Seizure: \_\_\_\_\_

Symptoms Camper Experiences Prior To and After A Seizure: \_\_\_\_\_

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8. List All Medications Camper is Currently Taking, Along with Dosages and Frequency:

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9. List Allergies and Nature of Reaction: \_\_\_\_\_

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10. Explain In Detail Camper's Bowel/Bladder Program: \_\_\_\_\_

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11. Explain In Detail Camper's Hygienic Needs: \_\_\_\_\_

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12. List Any of the Camper's Adaptive Sports Equipment That He/She Will Be Bringing To Camp: \_\_\_\_\_

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13. Special Instructions or Additional Information: \_\_\_\_\_

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14. List Any Wheelchair Sport/Leisure Interests of the Camper: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Camper's Medical Insurance Provider: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*Please attach a photocopy of camper's medical card.

If the camper needs to be taken to the hospital, he/she will be taken to an appropriate medical facility depending on the severity of the injury.

I, \_\_\_\_\_, give permission for my son/daughter,  
\_\_\_\_\_ to participate in Camp Cool activities.

Should it be necessary for the athlete to seek emergency medical attention, I hereby give Camp Cool employees permission to use their best judgment to obtain needed medical services. I authorize the emergency physician/hospital to render emergency treatment to the client. I understand that the medical costs incurred by the athlete are the responsibility of the athlete/parents/guardians.

All athletes/parents/guardians participating in Camp Cool activities are deemed to have waived all claims against Camp Cool, its owner, employees, or volunteers for injury, accident, illness, or death occurring during any Camp Cool excursion or activity.

The recreation activities that athletes will be participating in are: snow skiing; snowmobiling; sled hockey; and aerobic conditioning. Campers/parents/guardians hereby acknowledge the events are recreational activities that are inherently dangerous and can result in injury. Nevertheless the athletes/parents/guardians hereby waive any and all claims against Camp Cool, California State University Sacramento, City of Sacramento, Access Leisure, Disabled Sports USA, and any employees, volunteers, and agents that may arise out of injuries incurred while an athlete is participating in any of the recreational activities described above.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

### Talent Release and Photo Consent

I, \_\_\_\_\_, give my permission to have my son/daughter,  
\_\_\_\_\_ to be photographed and videotaped for Camp Cool promotional and fund-raising purposes.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Health Examination Form for Camp COOL must be completed by the parent/guardian AND PHYSICIAN and must be received by the Camp Registrar before start of the camp.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Disability (be specific): \_\_\_\_\_  
\_\_\_\_\_

Is Camper Covered By Medical Insurance? [ ]Yes [ ]No

Name of Insurance Company: \_\_\_\_\_

Insurance Plan Number: \_\_\_\_\_

*\*\*Please attach a photocopy of current Medical Card.*

Health History (*check and give appropriate dates if known*):

\_\_\_ Asthma: \_\_\_\_\_

\_\_\_ Arthritis: \_\_\_\_\_

\_\_\_ Chicken Pox: \_\_\_\_\_

\_\_\_ Diabetes: \_\_\_\_\_

Other: \_\_\_\_\_

Medication:

IS CAMPER ON MEDICATION? [ ]Yes [ ]No

Name(s) of medications: \_\_\_\_\_  
\_\_\_\_\_

*\*\*Camper is required to bring ample supply of all medications, with prescriptions to camp. All medicines MUST be prescribed and in their original containers (including all vitamins and herbs) and will be administered according to the doctor's written instructions.*

Diagnosis of Disabling Condition(s): \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ C.B.C. \_\_\_\_\_ Urinalysis: \_\_\_\_\_

List any remarkable conditions:

ENT: \_\_\_\_\_

Extremities: \_\_\_\_\_

Heart: \_\_\_\_\_

Posture (spine): \_\_\_\_\_

Lungs: \_\_\_\_\_

Skin: \_\_\_\_\_

Abdomen: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Diet: \_\_\_\_\_

Are there any other recommendations or special instructions regarding Camper's activity limitations?

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I have examined \_\_\_\_\_ and reviewed his/her Health History.  
In my opinion this Camper is physically able to engage in camp activities, except as noted. I have attached prescriptions for the Camper as needed.

EXAMING PHYSICIAN: \_\_\_\_\_  
(Please type or clearly print name)

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_  
Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature of Examining Physician: \_\_\_\_\_ Date: \_\_\_\_\_

THIS FORM MUST BE SIGNED AND DATED BY PHYSICIAN (within one year of camp start date) AND RECEIVED BY CAMP COOL PRIOR TO START DATE

Mail To:  
Camp COOL  
6005 Folsom Blvd  
Sacramento, CA 95819

Tel: (916) 808-6017

Fax: (916) 808-6074



# Disabled Sports USA, Far West Participant Information 2009

Name: (Participant) \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

**If Participant is a Minor:**

Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Medical Information

**YOUR DISABILITY:** \_\_\_\_\_ How long? \_\_\_\_\_

*For participants with Down Syndrome: We require an examination by a physician for Atlantoaxial Instability before participating. Physician Results/Findings: \_\_\_\_\_*

**Please answer the following questions. Please give explanation in space provided. Attach additional sheets if necessary.**

**“Does Participant...”**

1. Use manual wheelchair? \_\_\_\_\_ What % of time? \_\_\_\_\_ Power wheelchair? \_\_\_\_\_ What % of time? \_\_\_\_\_

2. Need assistance operating wheelchair? \_\_\_\_\_

3. Need assistance transferring to or from wheelchair? \_\_\_\_\_

4. Walk? \_\_\_\_\_ What % of time? \_\_\_\_\_ With what kind of aid? \_\_\_\_\_

5. Wear any braces? \_\_\_\_\_ Type of brace: \_\_\_\_\_

6. Have rods stabilizing any part of spine? \_\_\_\_\_ How long: \_\_\_\_\_

7. Have any pressure sores/significant bruises? \_\_\_\_\_

8. Have seizures? \_\_\_\_\_ Type? \_\_\_\_\_ Frequency? \_\_\_\_\_ Date of last seizure? \_\_\_\_\_

Seizure management (e.g. Meds, etc.): \_\_\_\_\_

9. Have allergies (e.g. latex, bees, foods, drugs)? \_\_\_\_\_

10. Take medications we should be aware of? \_\_\_\_\_

11. Need precautions taken for any injuries or surgeries in the past 6 months? \_\_\_\_\_

12. Have any other hidden medical conditions? \_\_\_\_\_

13. Have sensitivity to cold, heat or sun? \_\_\_\_\_ Fatigue easily? \_\_\_\_\_

14. Have a respiratory condition? \_\_\_\_\_

15. Have a cardiovascular condition? \_\_\_\_\_

**Please give detailed explanation in space provided. Attach additional sheets if necessary.**

16. Describe communication abilities. \_\_\_\_\_

17. Describe vision and hearing abilities. \_\_\_\_\_

18. Describe behavioral tendencies. \_\_\_\_\_

19. Describe cognitive level. \_\_\_\_\_

20. How long can you be independent from medications, oxygen, etc. that you cannot have on your person? \_\_\_\_\_

21. Describe upper body: arm strength \_\_\_\_\_ grip strength \_\_\_\_\_  
feeling \_\_\_\_\_ range of motion \_\_\_\_\_
22. Describe lower body: leg strength \_\_\_\_\_ feeling \_\_\_\_\_  
range of motion \_\_\_\_\_ balance \_\_\_\_\_

**Sport Specific Requirements:** *Please initial all sports you might participate in.*

**If you think any of these sports may cause you pain or injury, please consult your doctor before participating and provide us with a doctor's written release prior to participating.**

**Snowsports:**

- ◆ Sit-down skiers weight limit is 185 lbs. Exceptions will be considered for skiers who are fully independent transferring from wheelchair to ski and loading and unloading chairlift. **Initial** \_\_\_\_\_
- ◆ While strapped in a sit-down ski you will unload the chairlift, with assistance, by dropping down as much as 2 feet onto the unloading ramp. In this unloading process, your hips and back must be able to sustain this jarring. **Initial** \_\_\_\_\_
- ◆ If help is needed with bladder or bowel routine, attendant or family member will be present to assist. **Initial** \_\_\_\_\_

**Water skiing:**

- ◆ Wheelchair users seat cushion width may not be greater than 18". **Initial** \_\_\_\_\_
- ◆ You are able to turn face-up from a face-down floating position in the water, while wearing a life vest. **Initial** \_\_\_\_\_
- ◆ Skiers will be towed behind or along side a motorboat at speeds up to 25 mph. Should you fall, your body must be able to sustain the impact of hitting the water at these speeds. **Initial** \_\_\_\_\_
- ◆ If help is needed with bladder or bowel routine, attendant or family member will be present to assist. **Initial** \_\_\_\_\_

**Whitewater rafting:**

- ◆ Weight limit is 185 lbs. for wheelchair users. Exceptions will be considered if you are fully independent and strong enough to **transfer down and up** about 12". **Initial** \_\_\_\_\_
- ◆ You are able to turn face-up from a face-down floating position in moving water, while wearing a life vest. **Initial** \_\_\_\_\_
- ◆ Your body must be able to sustain bouncing during Class III rapids and possibility falling out of the raft. **Initial** \_\_\_\_\_
- ◆ If help is needed with bladder or bowel routine, attendant or family member will be present to assist. **Initial** \_\_\_\_\_

**4-wheel drive trips:**

- ◆ Weight limit is 185 lbs. for wheelchair users. Exceptions will be considered if you are fully independent and strong enough to **transfer down and up** about 12". **Initial** \_\_\_\_\_
- ◆ You will experience a bouncing motion from the vehicle driving over rough terrain. **Initial** \_\_\_\_\_
- ◆ Wheelchair users may need to be carried over inaccessible terrain. Wheelchair accessible portable toilet with privacy tent will be available. This toilet does not have handrails. **Initial** \_\_\_\_\_
- ◆ If help is needed with bladder or bowel routine, attendant or family member will be present to assist. **Initial** \_\_\_\_\_

**Cycling:**

- ◆ Weight limit is 185 lbs. for wheelchair users. Exceptions will be considered if you are fully independent and strong enough to **transfer down and up** about 12". **Initial** \_\_\_\_\_
- ◆ You may be traveling at speeds up to 20 mph. Should you fall, your body must be able to sustain the impact of hitting a paved or dirt surface at these speeds. **Initial** \_\_\_\_\_
- ◆ Wearing a bike helmet and closed toe shoes is required. **Initial** \_\_\_\_\_
- ◆ If help is needed with bladder or bowel routine, attendant or family member will be present to assist. **Initial** \_\_\_\_\_

**Tahoe Sports Camp or Donner Lake Campout:**

- ◆ Weight limit is 185 lbs. for wheelchair users. Exceptions will be considered if you are fully independent and strong enough to **transfer down and up** about 12". **Initial** \_\_\_\_\_
- ◆ You are able to turn face-up from a face-down floating position in the water, while wearing a life vest. **Initial** \_\_\_\_\_
- ◆ If help is needed with bladder or bowel routine, attendant or family member will be present to assist. **Initial** \_\_\_\_\_

***In signing below, I verify that the information above is current and accurate. I understand that the information above is confidential and will be used only by Disabled Sports USA Far West.***

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## DISABLED SPORTS USA INSURANCE WAIVER & RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in DISABLED SPORTS USA and DISABLED SPORTS USA FAR WEST's programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise DISABLED SPORTS USA FAR WEST of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue DISABLED SPORTS USA and DISABLED SPORTS USA FAR WEST, its affiliated clubs, their representative administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

**I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.**

X \_\_\_\_\_  
**Participant's Name (PLEASE PRINT CLEARLY)**                      *Signature*                      **Date**

### **FOR PARTICIPANTS UNDER THE AGE OF 18**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X \_\_\_\_\_  
**Parent/Guardian Name (PLEASE PRINT CLEARLY)**                      *Signature*                      **Date**

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**MEDIA/PHOTO WAIVER:** I hereby authorize and give my full consent to Disabled Sports USA and Disabled Sports USA Far West to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this Disabled Sports event. I further agree that Disabled Sports may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X \_\_\_\_\_  
**Participant/Guardian Name (PLEASE PRINT CLEARLY)**                      *Signature*                      **Date**

Exhibit C  
*Adult*  
**RELEASE AND WAIVER OF LIABILITY  
AND ASSUMPTION OF RISK AGREEMENT**

FOR GOOD AND VALUABLE CONSIDERATION, including persuasion to participate in **ADULT ICE HOCKEY games, camps, tournaments, practices, clinics** and related activities, I, for myself, my successor, heirs, assigns, executors, and administrators:

1. Agree that prior to participating I will inspect the facilities, equipment and areas to be used, and, if I believe any of them are unsafe, I will immediately advise the person supervising the event, activity, facility or area;
2. Acknowledge that I fully understand that my participation may involve risk of serious injury or death, including economic losses which may result not only from my own actions, inaction's, or negligence, but also from the actions, inaction's, or negligence of others, the condition of the facilities, equipment, or areas where the Event or activity is being conducted, the rules of play, or this type of event of activity;
3. Assume any and all risks of personal injuries to myself, including medical or hospital bills, permanent or partial disability, death, and damage to my property, caused by or arising from my participation in this event or activity;
4. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death against the City of South Lake Tahoe and their officers, employees, and agents attributable to my participation in the event or activity;
5. Release, waive, discharge, and relinquish the City of South Lake Tahoe and their officers, employees, and agents from any liability, loss, damage, claim demand or cause of action against them arising from or attributable to my participation in the event or activity, whether same shall arise by their negligence or otherwise;
6. Agree that photographs, pictures, slides, movies, or videos of me may be taken in connection with my participation in this event or activity without compensation form the City of South Lake Tahoe and consent to the use of these photographs, pictures, slides, movies, or videos for any legal purpose;
7. Warrant that I am in good health and have no physical condition that would prevent me from participation in this event or activity.

THIS DOCUMENT RELIEVES THE CITY OF SOUTH LAKE TAHOE AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I WILL GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

PRINTED NAME	SIGNATURE	DATE
_____	_____	_____
Participant	Participant	

Mailing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email Address: \_\_\_\_\_

DIVERSIFIED RISK EVENT INSURANCE

Exhibit C  
*Youth*  
**RELEASE AND WAIVER OF LIABILITY  
 AND ASSUMPTION OF RISK AGREEMENT**

FOR GOOD AND VALUABLE CONSIDERATION, including persuasion to participate in **YOUTH ICE HOCKEY games, camps, tournaments, practices, clinics** and related activities, I, for myself, my successor, heirs, assigns, executors, and administrators:

1. Agree that prior to participating I will inspect the facilities, equipment and areas to be used, and, if I believe any of them are unsafe, I will immediately advise the person supervising the event, activity, facility or area;
2. Acknowledge that I fully understand that my participation may involve risk of serious injury or death, including economic losses which may result not only from my own actions, inaction's, or negligence, but also from the actions, inaction's, or negligence of others, the condition of the facilities, equipment, or areas where the Event or activity is being conducted, the rules of play, or this type of event of activity;
3. Assume any and all risks of personal injuries to myself, including medical or hospital bills, permanent or partial disability, death, and damage to my property, caused by or arising from my participation in this event or activity;
4. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death against the City of South Lake Tahoe and their officers, employees, and agents attributable to my participation in the event or activity;
5. Release, waive, discharge, and relinquish the City of South Lake Tahoe and their officers, employees, and agents from any liability, loss, damage, claim demand or cause of action against them arising from or attributable to my participation in the event or activity, whether same shall arise by their negligence or otherwise;
6. Agree that photographs, pictures, slides, movies, or videos of me may be taken in connection with my participation in this event or activity without compensation form the City of South Lake Tahoe and consent to the use of these photographs, pictures, slides, movies, or videos for any legal purpose;
7. Warrant that I am in good health and have no physical condition that would prevent me from participation in this event or activity.

**THIS DOCUMENT RELIEVES THE CITY OF SOUTH LAKE TAHOE AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I WILL GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.**

PRINTED NAME	SIGNATURE	DATE
_____	_____	_____
Participant	Participant	Date
_____	_____	_____
PARENT NAME	SIGNATURE	DATE
_____	_____	_____
Parent or Guardian	Parent of Guardian	Date

Mailing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email Address: \_\_\_\_\_

DIVERSIFIED RISK EVENT INSURANCE