



**CONSENT, RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE  
Minor Participant Under 18 Years of Age**

<b>Participant Name:</b>	<b>Date of Birth: (Mo/Day/Year)</b>
<b>Parent/Guardian Name:</b>	<b>Date of Birth: (Mo/Day/Year)</b>
<b>Participant Address:</b> (Number/Street/City/State/Zip)	<b>Participant Home Phone Number:</b>
	<b>Participant Cell Phone Number:</b>
<b>Parent/Guardian Address:</b> (If different from Participant address)	<b>Parent/Guardian Home Phone Number:</b>
	<b>Parent/Guardian Cell Phone Number:</b>
	<b>Parent/Guardian Work Phone Number:</b>
<b>Emergency Contact 1 Name</b> (A person other than parent/guardian)	<b>Emer. Contact Home Phone Number:</b>
	<b>Emer. Contact Cell Phone Number:</b>
	<b>Emer. Contact Work Phone Number:</b>
<b>Emergency Contact Name 2</b> (A person other than parent/guardian or Emergency Contact 1)	<b>Emer. Contact Home Phone Number:</b>
	<b>Emer. Contact Cell Phone Number:</b>
	<b>Emer. Contact Work Phone Number:</b>

I hereby state that I am the custodial parent/guardian of \_\_\_\_\_ (Minor Participant's Full Name), and I grant my child permission to participate in the Desert Recreation District event/class in which my child is enrolled: \_\_\_\_\_ (hereinafter "event/class"). I fully understand that the event/class may involve field trips, including transportation to and from various locations by bus or automobile. I fully understand that my child's participation in the event/class exposes my child to the risk of personal injury, death or property damage. I hereby acknowledge that with my voluntary consent my child is voluntarily participating in this event/class and agree to assume any such risks.

On behalf of myself, the other parent or guardian, my child and I hereby release, discharge, and agree not to sue Desert Recreation District or Desert Recreation District employees, agents, volunteers, affiliates, or program participants for any injury, death or damage to or loss of personal property arising out of, or in connection with, my child's participation in the event/class from whatever cause, including the active or passive negligence of the Desert Recreation District or Desert Recreation District employees, agents, volunteers, affiliates, or program participants, understanding that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision.

**STAFF: PLEASE DO NOT ACCEPT FORM WITH ANY BLANKS.**

In consideration for my child being permitted to participate in the event/class, I hereby agree, for myself, my child, our heirs, administrators, executors and assigns, that we shall indemnify, defend, and hold harmless the Desert Recreation District and its employees, agents, volunteers, and affiliates from any and all claims, demands, actions, or suits arising out of or in connection with my child's participation or failure to participate in the event/class.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
**Printed Name of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent Guardian**

### **CONSENT TO TREATMENT OF MINOR**

In the event of sudden illness, accident, or injury which may occur while said minor is engaged in a program supervised by Desert Recreation District or its officers, agents, employees, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent and pursuant to California Civil Code Section 25.8 and Family Code Section 6910 for emergency medical and/or dental treatment as shall be necessary under the circumstances and agree to be responsible for the cost of such care.

I UNDERSTAND THAT THE DESERT RECREATION DISTRICT DOES NOT PROVIDE MEDICAL OR DENTAL INSURANCE FOR THIS PROGRAM AND THAT ANY SUCH TREATMENT IS AT MY SOLE COST AND EXPENSE.

\_\_\_\_\_  
**Printed Name of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent Guardian**

**FAMILY PHYSICIAN/HMO:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

Please provide the information listed below. This information will remain confidential to the fullest extent possible. Pertinent medical history information: Does the minor have any conditions or diseases (epilepsy or other seizure disorder - diabetes)?

**Drug Allergies:** Is the minor allergic to penicillin or any other drug? \_\_\_\_\_

**Drug Allergies Continued:** \_\_\_\_\_

**Other Allergies:** \_\_\_\_\_

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Is a physician currently treating the minor? \_\_\_\_\_

Does the minor regularly take medication? If so, what medication? \_\_\_\_\_

**CONSENT TO USE OF NAME OR LIKENESS  
INCLUDING CONSENT ON BEHALF OF A MINOR**

I, on behalf of myself and/or as the custodial parent/guardian of \_\_\_\_\_  
(Minor Participant's Full Name), hereby consent to and grant the Desert Recreation District (the "District") the right to use my or the minor's name, voice, signature, photograph, or likeness for any lawful purpose including that encompassed by California Civil Code Section 3344. I understand that the District may at its discretion, photograph me or the minor and/or make recordings of my or minor's voice, and/or reproduce my or minor's physical likeness as it may appear in any still camera photograph, motion picture film or video tape and/or recordings of my or minor's voice prepared or made while participating in the District's recreational program for use in connection with any exhibition, promotional program, advertisement and broadcast, on television and any motion picture film or video tape regarding such recreational program or as promotional material for the District. My and minor child's name, voice, signature, photograph, or likeness may be used or incorporated for an unlimited period of time. I further understand and acknowledge that I have no right to any compensation for the use of my or minor's name, voice, signature, photograph or likeness.

I CERTIFY AND REPRESENT THAT I HAVE READ THE FOREGOING AND FULLY UNDERSTAND THE MEANING AND EFFECT THEREOF.

\_\_\_\_\_  
**Printed Name of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent Guardian**

**STAFF: PLEASE DO NOT ACCEPT FORM WITH ANY BLANKS.**