



**Liability Waiver**

**Effective Dates: January 1, 2024 through December 31, 2024**

**This liability waiver covers all activities, classes, camps, and programs provided by the Livermore Area Recreation and Park District from January 1, 2024 through December 31, 2024. Additional program/activity permission slips may be required.**

Each person age 18 and over in the household, listed in the Participant’s Information section below, must sign and date this form.

Participants Information					
	First Name	Last Name	M/F	Date of Birth	Age
1.					
2.					
3.					
4.					
5.					

Parent/Guardian/Head of Household (18+ Years): \_\_\_\_\_  
(Last Name) (First Name)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

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

**Refund and/or Transfers** will be granted up to seven (7) business days prior to the first class meeting. Refunds and/or transfer requests made less than seven (7) business days before the first class meeting will not be granted. There is a \$12.00 processing charge on all refunds/transfers initiated by the participant or guardian. If the course is cancelled by Livermore Area Recreation and Park District, the participant will have the option of transferring to a similar program or will be granted a full refund. Refunds may be given after a course has begun due to a particular medical condition if a doctor’s note is provided. These refunds are at the discretion of Livermore Area Recreation and Park District. Fees paid via credit card may be refunded to the same credit card used for payment.

In consideration for being permitted by the District to participate in the above-referenced activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the District (including its officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above.

By signing below I acknowledge that this or any activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks for myself and my minor children. I fully understand that my participation or the

participation of my minor children in any activity, class, camp, or program through the Livermore Area Recreation and Park District (LARPD), for which such Participant is registered at any time during January 1, 2024 through December 31, 2024 exposes the Participant to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity, class, camp, or program and agree to assume any such risks.

To the greatest extent permitted by law, the undersigned shall hold harmless, defend and indemnify Livermore Area Recreation and Park District and its subordinate and affiliated agencies, officers, officials, employees, sponsors and volunteers (collectively "Indemnities") from and against any and all liability, loss, damage, expense and costs (including without limitations costs and fees of litigation) of every nature arising out of or in connection with the participation by any of the above-listed Participants in any activity for which such Participant is being registered, except such loss or damage which is caused by the sole negligence or willful misconduct of the Indemnities. Furthermore, I hereby agree that I, my successors and assignees will not make claim against, sue, attach the property of, or prosecute any of the Indemnities for any injury, liability, loss, damage, expense or costs arising out of or resulting from the participation by any of the above-listed Participants in any activity, class, camp, or program through the Livermore Area Recreation and Park District, for which such Participant is registered at any time during January 1, 2024 through December 31, 2024.

**Parental Guardian Consent:** If any Participant named above is a minor, I certify that I am the legal parent or guardian of the above participant or otherwise authorized to execute this form on his/her behalf that he/she is in good physical condition and I give my permission for him/her to participate in Livermore Area Recreation and Park District activities, classes, camps, and programs.

**Photographic Release:** I hereby grant permission to the LARPD to take my or the above Participant's photo while participating in LARPD activities, classes, camps, and programs to use for publicity.

**Virtual Class Release:** I hereby warrant and agree, that the conditions of the Participant's virtual class environment is safe, free from obstructions, and are suitable for participation in the activity, class, camp, and program. I further understand and agree that any material downloaded, viewed, or otherwise obtained through my participation in said activity, class, camp, or program is done at my own risk and LARPD is not responsible for any loss, alteration, corruption or other damage to my personal property, including computers, networks, and other property used as part of my participation.

A signature is required by each adult Participant on this form. One authorized parent/guardian may sign for all minors. I understand that I am authorized to sign this form on behalf of all Participants listed above.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Designated for LARPD Staff Below**

Accepted By: \_\_\_\_\_ Date Scanned/Saved: \_\_\_\_\_ Filed in Household ID#: \_\_\_\_\_



Livermore Area  
 Recreation and Park District  
*An independent special district*

4444 East Avenue, Livermore CA 94550  
 Ph: (925) 373-5700 LARPD.ORG

**Acknowledgment of Receipt of the Participant/Parent Concussion Information Sheet**

Pursuant to California Health and Safety Code §124235, a concussion and head injury information sheet shall be given by each youth sports organization offering an athletic program to each athlete in the program. The information sheet shall be signed and returned by the parent/guardian of a program or activity participant that is 17 years and under before the program or activity participant participates within the program. The Livermore Area Recreation and Park District’s Participant/Parent Concussion Information Sheet (three pages) are attached to this acknowledgment.

Please note, the information contained in the Participant/Parent Concussion Information Sheet and this Acknowledgment is not medical advice and is no substitute for it.

I certify that I am (i) the participant identified below; or, (ii) the legal parent or guardian of the program and activity participant identified below or otherwise authorized to execute this form on his/her behalf that he/she is in good physical condition and I give my permission for him/her to participate in Livermore Area Recreation and Park District activities, classes, camps, and programs. I hereby acknowledge that I have received the Livermore Area Recreation and Park District’s Participant/Parent Concussion Information Sheet (three pages) that was provided to me by the Livermore Area Recreation and Park District and have read and understood the Participant/Parent Concussion Information Sheet (three pages). I also acknowledge that if I have any questions regarding the signs and symptoms of a concussion or other head injuries, the need to seek medical attention and the protocol for returning to daily programs or activities, I will consult with a licensed health care provider. I understand that I am authorized to sign this form on my behalf or on behalf of the participant listed below.

Participants Information					
	First Name	Last Name	M/F	Date of Birth	Age
1.					
2.					
3.					
4.					
5.					

Parent/Guardian Printed Name: \_\_\_\_\_  
 (Last Name) (First Name)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Designated for LARPD Staff Below**

Accepted By: \_\_\_\_\_ Date Saved: \_\_\_\_\_ Household ID#: \_\_\_\_\_