

ORANGEVALE RECREATION & PARK DISTRICT

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Office Use Only:						
Rec #:						
Date:	Int:					

PARK DISTRICT						_	•	
Adult/Guardian Name:								
Address: City:		City:			Zip:			
Cell Phone:		Text: Y / N H		Hom	me Phone:			
Email Address:		1		<u> </u>				
Emergency Contact		Relationship			Email:			
for Participant:	Participant: to Participant:			Phone:				
Participant Name	M/F	Birthdate	Program Name			Code	T-Shirt Size Fee	
1.								
2.								
3.								
			•		•		Total Fees	s:
said activity. Additionally, I full- risk of personal injury, deatl acknowledge that I am voluntar VIRTUAL CLASS RELEASE: I herek and are suitable for participation downloaded, viewed or otherwis not responsible for any loss, alter and other property used as part of PHOTO/VIDEO RELEASE: I under	n, community participy warrant on in the eobtained ation, corror my participy at the eobtained ation, corror my participy at the eobtained at	unicable dise pating in this and agree, tha above-refere through my puption or oth cipation.	eases, illnesse activity and a at the condition nced activity. participation in er damage to r	es, viruses, a gree to assun as of my enviro I further und a said activity is my personal pi	and/one and onmer dersta s done roperf	or proper y such ris nt are safe nd and a e at my ov ty, includi	rty damage ks. e, free from e gree that a wn risk and e ng compute	e. I hereby obstructions, any material the District is ers, networks
PARENTAL CONSENT: (to be conconsent that my son(s)/daught and I hereby execute the above able to participate in said activity volunteers, and agents) free an connected in any way with said	npleted & ter(s), Agreementy. I herek d harmles	and signed bont, Waiver, and signed to instruct of the signed to instruct of the signed and signed to the signed	y parent/guar nd Release on idemnify and oss, liability, d	dian if Particip , participa his/her beha hold the Distr amage, cost,	pant i ate in alf. I si rict (ii	s under 1 the abo tate that ncluding i	8 years of a ve-reference said minor its officers,	ced activity, is physically employees,
I HAVE CAREFULLY READ THIS AWARE THAT THIS IS A RELEAS SIGN IT OF MY FREE WILL.	AGREEME	NT, WAIVER	, AND RELEAS	E AND FULLY				
Participant / Guardian	Name (Pi	rint)	Participa	nt / Guardia	n Sig	nature		Date
Payment Method	Credit Card	Type:	Check #	t:		Amount	Paid: \$	
Credit Card #:						CVC #:	·	oires:
Name on Credit Card (Print):		Signature:				Da	te:	