LAST Name, FIRST Initial

CAMPBELL SKATE PARK

RECREATION & COMMUNITY SERVICES DEPARTMENT

SKATEPARK MEMBERSHIP

Valid July 1, 2016- June 30, 2017
UNLIMITED USE OF THE PARK
$25.00

Memberships can only be purchased in the Campbell Recreation Office during normal business hours. If the Recreation Office is closed when you visit the park, the daily rate is **$1/day** and the Liability Release must still be signed each day.

Campbell Recreation Department
1 W. Campbell Ave #C-31
Campbell, CA 95008
(408) 866-2104
Office Hours: Mon-Friday 8:00 a.m.-5:00 p.m.

MEMBERSHIP APPLICATION:

First Name: Last Name:

Address: City:

State: Zip: Home Phone: Cell Phone:

E-Mail Address (optional for quarterly Skatepark Newsletter):

Birthdate:

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CITY OF CAMPBELL · THE ORCHARD CITY

For Office Use Only:

Reciept #_____

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Blue Paper

CAMPBELL SKATE PARK

LIABILITY RELEASE

All users must submit this signed form before being allowed to skate at this facility.

FIRST NAME: **LAST NAME:**

has my permission to participate at the Skate Park facility.

Photo/Video Release: I agree to allow the use of my photograph or my child's photography for program publicity. If you would like to opt-out of the photo release please go to www.cityofcampbell.com/recreation and fill out the online form. **Medical Release:** Pursuant to provisions of sec. 6910 et seq of the California Family Code, and other applicable laws, I hereby authorize the City of Campbell Recreation & Community Services Department to procure, & consent to, medical, hospital or dental care for myself or my child in the event of injury as a result of participation in this program. Waiver & Release of Liability: In consideration of my participation, I hereby release, discharge and covenant not-to sue the City of Campbell & Campbell Redevelopment Agency, their officers, employees & volunteers, from any & all present & future claims, demands, actions, or causes of action resulting from any accidents, injuries, deaths, or loss of and/or damage to my/our person(s) or property arising out of or connected with my/our participation in the above activity (ies) (except for claims legally caused by the sole negligence or willful misconduct of the City or others listed above). I hereby voluntarily waive any & all claims resulting from ordinary negligence, present & future, that may be made by me, my family, estate, heirs, or assigns. Further, I am aware that this activity may involve certain risks or possible dangers, including death, & that equipment provided for my protection may be inadequate to prevent serious injury. I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any & all inherent risks of property damage, personal injury, or death. I further agree to indemnify & hold harmless the City of Campbell & others listed above for any & all claims arising as a result of my engaging in this activity. I understand that this waiver will continue in full legal force & effect. I further agree the venue for any legal proceedings shall be in California. I affirm I am of legal age & am freely signing this document. I have read this form & fully understand that by signing this form, I am giving up legal rights and/or remedies which shall be available to me against the City of Campbell or any of the parties listed above. The City is not responsible for lost or stolen articles.

X_____ Date:_____
Signature of adult or legal guardian of participant

Print Name: _____ Check One: Participant ___ Parent___ Guardian___
Name of adult or legal guardian of participant

Required Participant Medical Information:

Emergency Phone # (in case of injury): _____

School: _____
(Required if participant is under 18)

Hospital of choice for emergency care: _____

Does participant have any known allergies? _____

Campbell Recreation & Community Services Department
Mailing Address: 1 West Campbell Avenue #C-31 Campbell, CA 95008-1039
TELEPHONE: 408 866-2104 skatepark@cityofcampbell.com