



Easter weekend Youth 7 on 7 Waiver Form



Name _____ Phone _____ Age _____
Address _____ Date of Birth _____ Sex _____
City. _____ Program Date: April 19, 2025 Activity: 7 ON 7.

Email: _____

WAIVER: (To be completed and signed by parent/guardian if applicant is under 18 years of age.) I hereby consent to my son/daughter or named above, participating in the above activity, and I hereby execute the above agreement, waiver and release on his/ her behalf. I state that said minor/ person is physically able to participate in said activity. I hereby agree to indemnify and hold the Palm Springs Black History Committee, Palm Springs Unified School District, its officers, employees and agents free and harmless from any loss, liability, negligence, damage, cost or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity. In case of injury, I give my permission for necessary emergency medical treatment by qualified personnel.

The Palm Springs Black History Committee and the Palm Springs Unified School District reserves the right to photograph all program participants and use these photos in any issue of the City's recreation brochure or other City publication without the expressed written consent of the individuals.

CHILD ABUSE OR NEGLECT: State law requires employees and administrators to report all incidents of known or suspected child abuse or child neglect. In compliance with state law, employees and administrators are instructed to file a report with the appropriate law enforcement agency if they have knowledge of or observe a child they know or reasonably suspect has been the victim of child abuse or neglect.

PARENT'S/GUARDIAN'S INITIALS: _____

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 CITY OF PALM SPRINGS RECREATION DIVISION, ITS OFFICERS, EMPLOYEES AND AGENTS, AND I SIGN IT OF MY FREE WILL.

(Parent) Name _____ Wk Phone _____
(Parent) Signature _____ Date _____
Emergency Contact _____ Phone _____