



Waiver of Liability, Medical Release, and Indemnification Agreement

This Waiver of Liability, Medical Release, and Indemnification Agreement is for Loopalooza 2024 (“the Activity”).

Participants aged 18 and over must sign and date this Agreement to participate in the Activity. Parents or guardians must sign and date the Agreement for any minor children participating in the Activity.

Participant’s Information			
First Name	Last Name	Relationship	Date of Birth
1.		Self	
2.		Minor	
3.		Minor	
4.		Minor	
5.		Minor	

Emergency Contact Information		
_____ First Name ()	_____ Last Name ()	_____ Email address
_____ Home Phone	_____ Work/Cell Phone	

Waiver of Liability, Medical Release, and Indemnification Agreement

Liability Information

In consideration for myself and/or any of my minor children being permitted by the City of Davis (“City”) to participate in the Activity, I hereby waive, release and discharge in advance, to the maximum extent permitted by law, any and all actions or causes of action, claims, liabilities, losses, demands, and suits including, but not limited to, actions or claims for personal injury, death or property damage which I or any of my minor children or our successors may have, or that may accrue, arising out of, or connected in any way with, my or my children’s participation in this Activity, including activities incidental thereto (collectively, “Claims”). This Waiver of Liability, Medical Release, and Indemnification Agreement (“Agreement”) is intended to release in advance the City, its officials, officers, employees, agents, consultants and volunteers (collectively “Indemnitees”) with respect to any and all Claims, excepting only such Claims to the extent it directly results from the sole negligence or willful misconduct of the Indemnitees.

I understand and agree that:

I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

Participation in the described Activity may occasionally result in injury, death or property damage. Knowing the risk involved, nevertheless, I voluntarily request permission for myself and/or any of my minor children to participate in the described Activity.

I hereby assume any and all risks of injury, death or property damage and to release and hold harmless the Indemnitees, to the maximum extent permitted by law.

I will indemnify and hold the City harmless from any loss, liability, damage, cost or expense, including litigation, which they may incur as a result of any injury and/or property damage which myself and/or any of my minor children may sustain while participating in said activities.

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Signature required on next page

I will make good any loss or damage or cost the City may have to pay if any litigation arises on account of any claim made by said minors or by anyone on said minor's behalf.

This waiver, consent to hold Indemnitees harmless, release and assumption of risk are to be binding on heirs and assigns.

Medical Release

In the event that I or any of my minor children require medical or surgical treatments while under the supervision of City personnel in connection with the Activity, such supervision may authorize treatment. I will pay all medical, hospital, or other expenses which I or any of my minor children may incur as a result of such treatment.

Photograph & Video Release

I understand that City staff or volunteers at the 10 Stations may photograph or videotape me and/or any of my minor children and the City may use such photographs, videotapes, or other recordings to promote City programs and classes without payment or any other consideration to me or my child. I expressly allow, and hereby waive any objection to, the City's photographing and/or videotaping of me and/or any of my minor children when I and/or any of my minor children are participating in a City recreation program, including this Activity. I understand all photos and videotapes will remain the property of the City of Davis.

Executed as of Date of Signature

I have carefully read this Agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the City of Davis, and that I sign by typing in my name below of my own free will. The City may accept future phone-in registrations and these provisions. I certify that I have custody or am the legal guardian of said minors by court order.

I also understand the Refund and Transfer Policy, the Behavior Policy and the potential consequences set forth by the City of Davis and agree to such terms.

Your Signature

Date of Signature