

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	Y / N Home Ph		e Phone	ione:		
Email Address:								
Emergency Contact Relationship			Email	:				
for Participant:		to Participant:			Phone:			
Participant Name	M/F	Birthdate	Program Name			Code	T-Shirt Size Fee	
1.								
2.								
3.								
			•		•		Total Fee	s:
said activity. Additionally, I fully risk of personal injury, deatl acknowledge that I am voluntary VIRTUAL CLASS RELEASE: I hereband are suitable for participation downloaded, viewed or otherwise not responsible for any loss, alternand other property used as part of the prope	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-refered through my puption or othe cipation.	eases, illnesse activity and a at the condition nced activity. participation in er damage to n	es, viruses, a gree to assum as of my enviro I further und a said activity is my personal pr	and/or ne any onmen lerstan s done ropert	r proper y such ris at are safe ad and a e at my ov y, includi	rty damag ks. e, free from gree that wn risk and ng compute	e. I hereby obstructions, any material the District is ers, networks
PHOTO/VIDEO RELEASE: I under District permission to use any st								by grant the
PARENTAL CONSENT: (to be conconsent that my son(s)/daught and I hereby execute the above able to participate in said activivolunteers, and agents) free an connected in any way with said	ter(s), Agreement ty. I herek d harmles	nt, Waiver, and a gree to in a greet to in a	nd Release on idemnify and oss, liability, d	, participa his/her beha hold the Distr amage, cost, c	ate in If. I starict (in	the abo ate that ocluding i	ve-referen 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.								
Participant / Guardian	Name (Pi	rint)	Participa	nt / Guardia	n Sign	nature		Date
Payment Method	Credit Card	Type:	Check #	t:		Amount	Paid: \$	
Credit Card #:	Credit Card #:			CVC #:			Ex	pires:
Name on Credit Card (Print):			Signature:				Da	ite: