

REGISTRATION FORM

Parks and Recreation Services
 1500 Jefferson Street Napa, CA 94559
 707-257-9529
 www.cityofnapa.org/parksandrec

**Senior Center Arts/Crafts Show Exhibitor**

Full Name:		Birth Date:	
Address:	City:	State:	Zip:
Email:	City of Napa Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Primary Phone:	Secondary Phone:		
Emergency Contact:	Relationship:		
Primary Phone:	Secondary Phone:		
Activity #	Activity Name	Exhibit description	
3342	Arts/Crafts Show		
		Total Fees:	
*Special Accommodations:			
City of Napa welcomes all individuals into our programs. Please describe any accommodations needed (e.g. allergies, physical accommodations, medical conditions, medications, etc.).			

**City of Napa Parks & Recreation Department
 Assumption of the General Risk and Waiver of Liability**

As a participant or the parent/guardian of a participant in the classes that I have registered for above ("Program"), I recognize and acknowledge that participation in the Program has inherent risks, whether known or unknown, of acts of nature, defects in property, negligent or willful acts of other participants or third parties, and also, physical injury to my child, including, but not limited to, illness, infection with contagious diseases, falls, slips, bruises, sprains, broken bones, insect bites/stings, paralysis, other bodily injuries and sudden death. I hereby knowingly and voluntarily assume the full risk of any such injuries, damages, or loss which me or my child may sustain as a result of participating in any and all activities connected with or associated with the Program.

In consideration of my child's or my participation in the Program, I hereby voluntarily and knowingly fully release, waive, and discharge the City of Napa (including its elected and appointed officials, officers, employees, agents, contractors, and volunteers) (collectively, the "City"), from and against any and all claims or liability (including actions, demands, damages, injuries, settlements, losses, or costs [including legal costs and attorney's fees]) (collectively, "Liability") of any nature, arising out of,

pertaining to, or relating to my child's or my participation in the Program. I further agree to indemnify and hold harmless the City, from and against any and all Liability which may arise from my child's or my participation in the Program, even if the Liability arises out of the negligence or carelessness of the City.

I hereby assert that I am, or my child is, in sufficiently sound health and that I currently have, or my child currently has, no known health condition, illness, or communicable disease that may makes my participation or my child's participation in the Program injurious to myself, my child or others. If I or my child should develop any such condition, illness or disease during the term of the Program, I promise to notify representatives of the City or their designees and discontinue my participation or my child's participation in the Program until I have, or my child has, received an appropriate medical release from my doctor or my child's doctor.

I understand that photographs taken of recreation programs may be used by the City for promoting the City's programs, classes or events, and I hereby give the City my permission to use my photographs or my child's photographs for such purposes.

Signature Participant Parent Guardian

Date

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

While COVID-19 can cause mild symptoms in some individuals, it can lead to severe illness and even death in others. **Adults over age 65 and people of any age with serious underlying medical conditions** including, but not limited to, **HIV, asthma and other respiratory conditions, and pregnancy**, may be a **higher risk for more serious complications from COVID-19**. For more information, see the Center for Disease Control's website at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

The City of Napa has put in place preventative measures to reduce the spread of COVID-19 in accordance with guidance from Napa County and the State of California; however, the City **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending the City of Napa recreation programs could increase your risk** and your child(ren)'s risk of contracting COVID-19.

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By signing this agreement, I acknowledge and understand the contagious nature of COVID-19 and that the circumstances regarding COVID-19 are changing from day to day and I voluntarily assume the risks, whether known or unknown, that my child(ren) and I may be exposed to or infected by COVID-19 by attending the _____ [NAME OF PROGRAM] (the "Program") and that such exposure or infection may result in personal injury, serious illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 by attending the Program may result from the actions, inactions, omissions, or negligence of myself and others, including, but not limited to, City employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing known and unknown risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, serious illness, disability, and death), and any damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s participation in the Program. On my behalf, and on behalf of my children, I hereby release, waive, covenant not to sue, discharge, and hold harmless the City (including its officers, elected and appointed officials, employees, agents, volunteers and representatives), from any and all liabilities, claims, actions, demands, settlements, losses, damages, costs or expenses of any kind arising out of or relating to my child(ren)'s participation in the Program (collectively, "Claims"). Having carefully read this waiver and release, I understand and agree that this release includes any Claims based on the actions, inactions, omissions, or negligence of the City (including its officers, elected and appointed officials, employees, agents, volunteers and representatives), whether a COVID-19 infection occurs before, during, or after participation in the Program.

Signature Participant Parent Guardian

Date

OFFICE USE ONLY: Receipt #: _____ Type of Pymt: Cash Check Credit Card Acct Cr

Comments: _____