

City of Arcata Recreation Division

736 F Street Arcata, CA 95521 Phone: 707-822-7091 Fax: 707-825-2118 Email: rec@cityofarcata.org

ADULT MASTER REGISTRATION FORM AND WAIVER OF LIABILITY Valid through December 31, 2026

HOUSEHOLD # _____

ADULT 2026 _____

Adult Participant Name _____		
Date of Birth ____/____/____	☐ Female	☐ Male ☐ Non-Binary
Physical Address _____		
	CITY	ZIP
Mailing Address (IF DIFFERENT) _____		
	CITY	ZIP
Main Phone _____	Other Phone _____	Email _____
CELL / HOME / WORK	CELL / HOME / WORK	
Please list and explain any physical, medical, or mental conditions/limitations that may limit your participation:		

Emergency Contact: _____ Preferred Phone: _____		
Do you live within the Arcata City Limits? ☐ YES ☐ NO		
Do you pay property taxes for a business/residence within the Arcata City Limits? ☐ YES ☐ NO		
If yes, please list below:		
Name of Business _____		
Address of Business/Residence _____		

Note: For individuals needing special accommodation to participate in the activities sponsored by the Arcata Recreation Division, please notify the Division at least five working days prior to the first day of attendance. It is recommend all participants carry their own insurance coverage.

Waiver (all classes require the signature of each registering adult or the parent or guardian of any minor(s).) In consideration for being allowed to participate in City of Arcata recreational programs, I, the undersigned, agree to indemnify, hold harmless, and release the City of Arcata, its employees, agents, independent contractors, volunteers, officials, and officers (collectively the "City") from negligence, excepting gross negligence, and any and all liability for any injury which may be suffered by me, my minor child(ren), or any member of my household account (hereinafter collectively the "Household Members") arising out of, or in any way connected to participation in any City sponsored recreational program and agree to refrain from bringing any claim, lawsuit or other proceeding against the City stemming from any such personal injury. I agree to take responsibility to ensure that all Household Members enroll in activities at the appropriate level for their physical abilities and medical conditions and fully understand that I and Household Members assume all risks for any injuries received. I expressly acknowledge that risks, known and unknown, are inherent in recreational programs. I authorize the City of Arcata employees and agents to seek emergency medical care, as they deem necessary, for any Household Member participating in any City sponsored recreational program and agree to be responsible for all costs incurred. I acknowledge that the City may take publicity photographs and/or recordings of any City sponsored activity or event and hereby authorize the use of any Household Member's image for this purpose. If any term, clause, or provision of this Release of Liability is held to be illegal, invalid or unenforceable, the remainder of this Release of Liability shall not be affected thereby, and shall be enforceable to the fullest extent permitted by law. I have read and understand the above agreement and fully assume all risks for any injuries received.

I have read and understand the preceding paragraphs.

THIS AGREEMENT AFFECTS IMPORTANT LEGAL RIGHTS. PLEASE READ THE FOREGOING AGREEMENT CAREFULLY BEFORE SIGNING. IF YOU DO NOT UNDERSTAND ANY PART OF THE AGREEMENT, PLEASE CONSULT AN ATTORNEY OR ADVISOR. DO NOT SIGN UNLESS YOU FULLY UNDERSTAND AND AGREE.

ADULT PARTICIPANT SIGNATURE _____

TODAY'S DATE _____