



CITY OF ESCONDIDO

Escondido Sports Center
3315 Bear Valley Parkway
Escondido, CA 92025
(760) 839-5425

ID CARD APPLICATION

- HOCKEY SOCCER BIKE INLINE SKATE

Center Rules:

- No alcohol, chewing tobacco, illegal drugs, smoking, or foul language.
All persons must have a valid Center Pass-Sport Card in order to participate.
Minors (17 years or younger) must have parent/legal guardian sign the application.
All participants must wear the specified safety equipment.

Failure to comply with the above guidelines will result in immediate suspension of center privileges.

Please print clearly in blue or black ink:

Name:

Address:

City State Zip

Phone: Home Work

E-Mail:

Birth Date: Age:

In the event of an emergency, please notify: (Emergency phone should be a person who can transport and then take care of you or your child.)

Name:

Relationship:

Phone: Home Work

Sports Center ID Cards are non-refundable.

FOR INTERNAL USE ONLY

ID #
Today's Date: Exp. Date: Staff Initial:
Renewal Date: Exp. Date: Staff Initial:

PLEASE SIGN IN BLUE OR BLACK INK ONLY

ESCONDIDO SPORTS CENTER AGREEMENT AND RELEASE OF LIABILITY

I agree to indemnify, defend, hold harmless and release the City of Escondido, its officers, agents, and employees from any and all lawsuits, damages, claims, judgments, loss, liability, or expenses arising out of (1) any death or personal injuries or property damage that I, my child or my ward may sustain while on, or while using, property or equipment owned by or under the control of the City of Escondido, or while participating in any activity sponsored by the City of Escondido, or (2) any death or injury which results or increases by any action taken to medically treat me, my child or my ward. All of the terms above shall apply whether or not the alleged injury is caused by or arises out of any dangerous condition of property, or the alleged negligence or any acts or omissions of the City, its officers, agents, or employees.

I also understand that the City of Escondido does not carry insurance to cover participants in the activities in which my child, my ward or I am/is participating. I understand there are risks associated with these activities, and I assume the risk of any injuries that my child, my ward or I may sustain during any of the activities.

I understand that the City may take photographs for the use in City publications and news releases without my written consent.

PARENT/GUARDIAN CONSENT FOR EMERGENCY TREATMENT

In the event of sudden illness, accident, or injury which may occur while said minor is engaged in an activity supervised by City of Escondido employees, when neither the parents or legal guardians can be contacted, I hereby give my consent for emergency treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of California.

CONSEQUENCES OF PARTICIPATION

- I know that all of the sports at the Sports Center are hazardous recreational activities;
I know there is the risk of injury or death if I participate in any of these sports;
I voluntarily participate in the sports of the Sports Center, and I sign my name below so that I may participate - I can choose not to sign this agreement by choosing not to participate;
I agree that if anything happens to me while participating, including injury or death, I release the City of Escondido and any of its employees from liability; and
If I am injured while participating, I agree that anyone who provides medical assistance shall not be liable if they cause my death, increase my injury or cause additional injury.

I AM ABLE TO READ, AND I HAVE READ THE ABOVE WAIVER/RELEASE, EMERGENCY TREATMENT PROCEDURE, CONSEQUENCES OF PARTICIPATION AND UNDERSTAND IT.

X Signature of Participant (of any age) Date

Signature of Parent/Legal Guardian (if Participant is a Minor) Date

X - Participant sign

• - Parent of minor sign