



Participant: (one form per participant) PLEASE PRINT or TYPE

REGISTRATION FORMS MUST BE LEGIBLE AND ARE ONLY ACCEPTED WITH PAYMENT

First Name: _____ Last Name: _____ Age: _____ Child DOB: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Parent/Caregiver/Legal Guardian: First Name: _____ Last Name: _____ Relationship: _____

Emergency Phone No.: _____ Email Address: _____

ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF? If YES, please explain:

Programs: CBJG (ages 10-16) Discover Guards (ages 7-9)		Payment Method	
<input type="checkbox"/> CBJG Session 1 (06/17/24 – 07/05/24)	\$400.00	<input type="checkbox"/> Cash	<input type="checkbox"/> Check No. _____ <input type="checkbox"/> Credit Card
<input type="checkbox"/> CBJG Session 2 (07/15/24 – 08/02/24)	\$400.00	Name as it appears on CC: _____	
<input type="checkbox"/> Discover (07/08/24 – 07/12/24)	\$200.00	Credit Card No. _____	
<input type="checkbox"/> Voucher No. _____ (if applies)	\$ _____	Expiration Date: _____ CVV Code: _____	
Total Due _____			

T-Shirt (included) – Select Size: YOUTH: S (8-10) M (10-12) L (14-16) ADULT: S M L XL XXL

Participation fee includes a \$10.00 non-refundable transaction fee that will be deducted from all refunds. Submit form and payment to SLO County Parks, 1144 Monterey Street, Ste. A, San Luis Obispo, CA 93408 or by email to mventurini@co.slo.ca.us. Refunds will not be issued for no-shows or cancellations made less than one week prior to session start date. Registration will not be accepted without payment in full and enrollment is on a first come basis.

WAIVER AND LIABILITY RELEASE IN CONSIDERATION OF THE BELOW NAMED MINOR’S PARTICIPATION IN THE COUNTY OF SAN LUIS OBISPO (“COUNTY”) JUNIOR LIFEGUARD PROGRAM, I ACKNOWLEDGE AND AGREE TO EACH OF THE FOLLOWING:

1. My child and I realize that participation in all Junior Lifeguard Program activities and events are voluntary and choose to enroll him or her in the program.
2. I understand and agree that the participant cannot participate in the Lifeguard Training Program if they have a fever (100.4 degrees or greater), chills, cough, shortness of breath, difficulty breathing, fatigue, body or muscle aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting or diarrhea.

3. I understand that minor's participation in the Junior Lifeguard Program does not create any expectancy of future employment in any capacity with the County, and that such participation does not entitle participant to any pay/compensation, benefits, insurance, sick leave or other privileges.
4. I RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE COUNTY, ITS ELECTED OFFICIALS, EMPLOYEES, BOARD MEMBERS, OFFICERS, AGENTS AND VOLUNTEERS (collectively, "County") from all liability to the participating minor for any loss, damage, or claim, now or in the future, on account of injury (including paralysis and dismemberment) or death to the person or property of the participating minor, whether caused by any gross, passive or active negligent act or omission of the County, to the extent such waiver and release is permitted by California law, while the participating minor is participating in the County activity or using any County facilities in connection with the activity. Participant acknowledges that it has read, understands, and knowingly waives any rights participant may have pursuant to Civil Code section 1542 which states: A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his/her favor at the time of executing the release, and that, if known by him/her, would have materially affected his/her settlement.
5. I AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS the County for all liability, claims, demands, causes of action, charges, expenses and attorney fees resulting from the participating minor's involvement in this activity whether caused by the passive or active negligent or careless acts or omissions of the County or otherwise.
6. I ACKNOWLEDGE THAT THE COUNTY DOES NOT PROVIDE MEDICAL INSURANCE for injuries that may arise out of the participating minor's involvement in the Junior Lifeguard and/or Discover Lifeguard programs or use any County facilities in connection with the activity. I understand that while County staff may be trained in basic first aid and CPR, they are not medical professionals and are not trained to diagnose, monitor or treat chronic or acute medical conditions. I represent that the participating minor has no known medical condition which may pose a risk to his/her health and safety or to others by participating in the activity and warrant that no physician, surgeon, or other licensed health care practitioner has advised me, after due inquiry, that the minor shall not participate in the activity. I agree to inform the participating minor that he/she shall follow all safety rules and instructions for the activity as well as any other rules or directions given during participation in the activity. I recognize that the minor's participation in all activities is voluntary, that I am responsible for providing transportation to and from such activities, and that the County assumes no liability or loss or injury resulting from such transportation of the participating minor.
7. I ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, DISABILITY to the participating minor and his/her property while participating in the activity or using any County facilities and equipment whether caused by any negligent acts or omission of County or otherwise. I expressly agree that the foregoing waiver and release, indemnity agreement and assumption of risk are intended to be as broad and inclusive as permitted by California law. I acknowledge that I have read the foregoing and I am aware of the legal consequences of waiver and liability release, including that it prevents me from suing the County if the participating minor is injured or damaged for any reason as a result of his/her participating in the activity.
8. IF THE PARTICIPANT IS A MINOR: I hereby warrant and represent that I am the legal guardian, caregiver or custodial parent of the minor child who is named below, that I have the legal authority to sign this release, and agree, on my own behalf and said minor's behalf, to each and every term and condition of this waiver and liability release.
9. CONSENT TO TREAT: In the event of sudden illness, accident or injury (medical and dental) that the participating minor may experience while participating in this activity, I authorize the County to arrange for transportation to a medical or dental facility, and authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by attending medical personnel if the minor is not able to act on his/her own behalf. The County does not assume responsibility to take any of these actions and that any expenditure incurred for the care and transportation of the participating minor is my sole responsibility.
10. THIS RELEASE IS BINDING on the undersigned's personal representatives, assigns, heirs, spouse & next of kin.
11. PHOTO RELEASE WAIVER: I understand that the County will occasionally take pictures and/or video during activities for use in County brochures, flyers, and other publicity developed by the County. I grant permission to the County for the participating minor to be photographed, videotaped or recorded for such uses, and waive all claims for compensation for the use of the pictures or videos of the participating minor.
12. The participating minor shall take a physical test of swimming skills and will engage in various physical activities on the beaches and in the waters of the Pacific Ocean and/or County lakes. The County shall not be held accountable for the minor's safety before or after program hours, which have been provided to the undersigned.

Parent/Caregiver/Legal Guardian Name (Please Print)

Parent/Caregiver/Legal Guardian Signature

Date

FOR OFFICE USE ONLY:	
Camava No.	_____
Date Paid	_____
Amount Paid	_____
LCV No.	_____