



**CITY OF ROSEMEAD**  
**RELEASE OF LIABILITY, HOLD HARMLESS, AND AGREEMENT NOT TO SUE**

I, \_\_\_\_\_ (Participant's Name—if Participant is a minor, include name of parent or guardian here) \_\_\_\_\_, and parent or guardian hereby expressly and irrevocably consents to minor's participation and all uses of "I" or "me" herein are made on behalf of both the minor and the parent or guardian), fully understand that my participation in the **City of Rosemead's** \_\_\_\_\_, exposes me to the risk of personal injury, death, or property damage. I understand that there are risks inherent in such activity and hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

In consideration for being permitted to participate in this activity I hereby release, discharge, and agree for myself, my heirs, administrators, executors and assigns not to sue the **City of Rosemead** for any injury, death, or damage to or loss of personal property arising out of, or in connection with, my participation in the activity from whatever cause. I further agree to indemnify and hold harmless the **City of Rosemead** from any and all claims, demands, actions, or suits arising out of, or in connection, with my participation in the activity.

In case of accident or other emergency, I hereby authorize personnel or volunteers of the City of Rosemead or agents of the City to secure medical care deemed necessary as a result of accident or injury of me. In the event of illness or injury, I hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon or dentist, and performed by or under the supervision of a member of the medical staff or the hospital furnishing medical or dental services.

**I also permit the use of activity/event photography and/or video of myself/child/guardianship for media promotion.**

**I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY, HOLD HARMLESS, AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGNING IT IS OF MY OWN FREE WILL.**

\_\_\_\_\_  
Date: \_\_\_\_\_  
Signature  
(Parent or Guardian signature for those under 18 years of age)

Address: \_\_\_\_\_ City: \_\_\_\_\_

Telephone: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

\_\_\_\_\_  
Family Medical Insurance Carrier      Policy Number      Insurance Co. Telephone

If you/your child/guardianship have any special medical conditions or needs, please check the box and write or print a description on the reverse side.