

ASSUMPTION OF RISK, WAIVER & RELEASE OF LIABILITY

Program Title: Youth Self-Defense Workshop
Presented by: La Cañada Flintridge Youth Council
Date/Time: April 7, 2018 from 11:30am- 1:00pm

I, the undersigned, on behalf of the minor participant listed below (hereafter, "Participant"), fully understand that participation by the Participant in the Youth Self-Defense Workshop, hosted by the City of La Cañada Flintridge's Youth Council, on April 7, 2018 at Gracie Barra La Cañada- 814 Foothill Blvd., exposes the Participant to the risks of personal injury, death, disability, property damage and/or loss (collectively, "Damages"), and I hereby acknowledge that the risks associated with these Damages necessarily increase with participation in a Self Defense Workshop.

In consideration for the Participant being permitted to participate in the Event, I, the undersigned, on behalf of myself and the Participant, our heirs, next of kin, family, relatives, guardians, conservators, executors, administrators, trustees and assigns (collectively, "Releasors") hereby waive, fully release and forever discharge the City of La Cañada Flintridge (hereafter "City"), including its elected and appointed officials, officers, employees, agents, contractors, docents, and volunteers (collectively, "Releasees"), of any duty owed to us, and we, the Releasors, do assume the entire risk of any of the Damages which might occur during or as a result of the Participant's participation or presence at the Event.

I, the undersigned, further agree that no oral representations, statements, or inducements apart from this Agreement have been made by City or Releasees or anyone else with regard to the subject matter of this Agreement. And, this Agreement is intended to be as broad and inclusive as is permitted under the laws of the State of California, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, the undersigned, further certify that the Participant has no medical condition which would cause participation in the Event to be potentially hazardous to his or her health. In addition, this Agreement shall constitute authorization for the City and Council to provide or cause to be provided such medical treatment to the undersigned as may be necessary or appropriate if an injury occurs while at the Event.

I, THE UNDERSIGNED, HEREBY CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT AND THAT THE PARTICIPANT IS UNDER 18 YEARS OF AGE. I FURTHER CERTIFY THAT I HAVE COMPLETELY READ THIS AGREEMENT, I AM FULLY COMPETENT TO SIGN THIS AGREEMENT, I FULLY UNDERSTAND IT, AND I VOLUNTARILY AGREE TO ITS TERMS. PRIOR TO SIGNING THIS AGREEMENT, I HAVE HAD THE OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THIS AGREEMENT AND THE EVENT. I UNDERSTAND THAT ACCIDENTS MAY OCCUR DURING THE PARTICIPANT'S PARTICIPATION IN THE EVENT.

By signing below, I declare under penalty of perjury under the laws of the State of California that I am the parent/legal guardian for the minor participant listed below, that I am authorized to sign this agreement on the minor's behalf, that I have read this document and that I am fully competent to sign this agreement:

Name and age of Minor child under 18: _____

Parent's Name _____ Phone Number _____

Emergency Contact _____ Phone Number _____

Address: _____

Signature of parent _____

Signed this _____ day of _____, 20___.
(date) (month)