



CITY OF NEEDLES

Recreation Department

1705 J STREET, NEEDLES, CA 92363
(760) 326-2814 • FAX (760) 326-2815
ndlspkrc@citlink.net

City Manager: Dave Brownlee
Recreation Manager: Jennifer Valenzuela

Recreation & Parks Commission:
Bill Darrow, Chairman
Robert Mc Keever, Commissioner
Sherry Pyle, Commissioner
Adrian Chavez, Commissioner
Wade Evans, Commissioner
Manuel Calderon, Jr., Commissioner

SPECIAL EVENTS RELEASE FORM

Little Ladies Tea Party _____ \$15 Pinewood Derby _____ \$15

Santa's Workshop _____ \$20

(Please check the event you are registering your child in)

Name _____ Age: _____ Home Phone _____

Mail Address _____

EMERGENCY CONTACT:

Mother's name: _____ Wk/Hm Phone _____ Cell # _____

Father's name: _____ Wk/Hm Phone _____ Cell # _____

Guardian: _____ Wk/Hm Phone _____ Cell # _____

NOTE TO PARENTS: Refreshments will be served at Santa's Workshop and Tea Party. Food allergies must be listed below.

If the participant has a physical or medical condition requiring special attention, or takes any medication or has any allergies, please explain:

RELEASE AND HOLD HARMLESS

I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which my son/daughter may have, as a result of participation in **Recreation Special Events**. This release is intended to discharge in advance the City of Needles Recreation Department (its officers, employees, and agents), from any and all liability arising out of, or connected in any way with participation in said activity. It is understood that this activity involves an element of risk and danger of accidents, and knowing those risks I hereby assume those risks. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of the death or injury of my son/daughter; or property damage that he/she may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND REALEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF NEEDLES RECREATION DEPARTMENT AND SIGN IT OF MY OWN FREE WILL.

THIS ALSO CERTIFIES THAT IN MY ABSENCE, I AUTHORIZE AND INSTRUCT A REPRESENTATIVE OF THE NEEDLES RECREATION STAFF, TO TAKE MY SON/DAUGHTER TO THE NEAREST MEDICAL FACILITY AND OBTAIN MEDICAL SERVICES FROM A STATE-LICENSED MEDICAL CARE PRACTIONER.

Signature of Parent/Guardian: _____ Date: _____

Relationship to participant: _____

Date Paid:	Ck. #	Cash	Receipt #
------------	-------	------	-----------