

Identification and Waiver Form



*required fields

Participants First Name*:	Last Name*	:	<u> </u>	
Address*:	City*:	State*:	Zip*:	
Home Phone:	Work Phone:	Cell Phone:		
Email:	-	Date of Birth*:_	Date of Birth*:	
Emergency Contact Full Name*:	<u>. </u>			
Emergency Contact Phone Numb	ber*:	Relation to	Participant*:	
Address*:	City*:	State*:	Zip*:	
Inclusion in programs or activities (e.g. Notes and Section of the programs of activities (e.g. Notes and Section of Sect	medical conditions; or medications that we show is ual schedules, time limitations for attention space in the Following: Image: In the Following: I the Fo	d employees (collectively referred to te, arising in whole or in part, directly cility, except as may arise from the gegal counsel providing City's defended and Jose Park and/or Facility Rules Jose Park and/or Facility or equipmerecreational activities and may subjconduct such activities in a safe may am participating at any City of San programs. I give my permission with AND FULLY UNINJURY RECIEVE	o hereinafter as "City") from and against any yor indirectly, from my entry onto any City cross negligence or willful misconduct of City. In se and such approval shall not be unreasonably see of any City of San Jose Park and/or Facility, and Regulations and acknowledge having receive ent which is caused by my activities. I understand eet me to risk of injury or death. I further nner and that I assume all such risk of injury or Jose Park and/or Facility. I give my permission to the following understanding: No compensation DERSTAND THAT I	
For Parent or Guardian of	f Participant Under 18 years*:			
Adult Full Name*:	Date of Bir	rth*:		
Signature*:				
	City*:			
(Other examples include environmental	les, allergies, medications*:	ould be aware of) and/or any	accommodations needed for successful	
For Participant Age 18 or	above*:			
Print Full Name*:	Signature*:		Date*:	
For Office Use Only				
Mamban #	Turnette J. Chaff.			

Providing false information may result in disqualification from access to any City of San Jose Park and/or Facility.