

CITY OF SELMA

RECREATION AND COMMUNITY SERVICES DEPARTMENT

1710 Tucker St. Selma, CA 93662

17 TO TUCKET St. Sellila, CA 93002		
	ADULT PARTICIPANT WAI	VER FORM
Name:	Date of birth:	
Address:	City:	Zip code:
Phone:	Email:	
League/Activity: Selma Arts Ce	nter: Head Over Heels	
the above activity. I waive, release,	and discharge the City of Selma, its	injury or property damage due to participating in coaches, employees, individuals, and others ected in any way with the above child's
I agree that the City of Selma, its with Coronavirus and/or COVID 19, above program and that I will defen	or any other contagious or infection d and indemnity the City of Selma, it enses (including attorneys fees) arising	lity Relating to Covid-19 shall not be liable for any exposure to or infection us disease arising out of my participation in the is officers, employees or agents from and against any out of my exposure to or contraction of any
not limited to, personal injury, disable experience or incur in connection we to sue, discharge, and hold harmles including liabilities, actions, damage agree that this release includes any employees, agents, and representations.	ility, illness, damage, loss, claim, lial ith my attendance at the above proges the City of Selma's employees, ages, costs or expenses of any kind arior claims based on the actions, omiss tives, whether Coronavirus and/or Cin any of the City of Selma's Communications.	esponsibility for any injury to myself including but bility, death or expense of any kind that I may aram. On my behalf, I hereby release, covenant not gents, and representatives, of and from any claims, sing out of or relating thereto. I understand and ions, or negligence of the City of Selma, it's OVID-19, or any other infectious disease occurs unity services program or by participating in
Participant Signature:		Date:

As a condition to my participation in the above program conducted or sponsored by the City of Selma/ Selma Arts Council, I understand and agree to the following: That the City/ Arts Council, its officers, employees, and agents shall not be liable for any loss, damage, injury or liability of any kind to any person caused or arising from acts, omissions or negligence of the City/ Arts Council, its officers, employees or agents relating to or arising from my participation in the above program. That I will defend, indemnify and hold harmless the City of Selma/ Selma Arts Council and its officers, employees and agents from and against any and all loss, liability, charges and expenses (including attorney's fees) and causes of action of whatsoever character which may arise by reason of participation in the above program or in any way connected therewith. The City of Selma/ Selma Arts Council does not provide accident, medical, liability or any other insurance for program participants. I also understand my picture might be taken as part of the program (or video submission) to promote our program on flyers, brochures, City website and marketing pamphlets.

Those convicted of a felony or registered as a sex offender will not be permitted to participate or volunteer for the Selma Arts Center By Signing I verify that I have read and understand this condition to audition/volunteer.

Participant Signature:	Date:
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