

**Sacramento Adventure Playground**  
**Powered by Fairytale Town at Maple Neighborhood Center**  
**Program Registration Form**

Child's Name:

Date of Birth:

School:

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**Pick-Up:** Please initial and choose one of the following:

- \_\_\_ My child will be picked up by an adult, or youth 14 years and older, by the listed program closing time each day.
- \_\_\_ My child may only be picked up by those listed below, no later than the program closing time:
- \_\_\_ My child is a walker and may leave at his/her desire (one return privilege). Walkers must leave by final designated walker time according to season/sunset walker time (refer to Program Rules book).
- \_\_\_ My child will be regularly picked up by an adult, but will walk home at designated walker time if not picked up, in accordance with season/sunset walker time (refer to Program Rules book).
- I will phone the facility     I will not phone the facility (automatic release)

**Emergency Information:**

Please make notation of any relationship, such as Foster Parent or Guardian

Child's Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Family Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Other Emergency Contacts:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Please list any allergies:** \_\_\_\_\_

**Please note that a parent/guardian must sign the attached Parental Consent, Release and Waiver of Liability and Assumption of Risk Agreement before their child can participate in the Adventure Playground program.**

# PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

For good and valuable consideration, including permission for \_\_\_\_\_ (the minor(s)) to participate in the Sacramento Adventure Playground and related activities, I, the parent/guardian of the minor for myself and on behalf of the minor:

1. Consent to the minor's participation in the program or activity;
2. Agree that prior to the minor's participation in the program or activity the minor and I will inspect the facilities, equipment, and areas where the program or activity is being conducted and, if either of us believes any of them are unsafe I will immediately advise the person supervising the program, activity, facility or area;
3. Acknowledge that the minor and I fully understand that the minor's participation may involve risk of serious injury or death including economic losses, which may result not only from the minor's own actions, inactions or negligence, but also from the actions, inactions or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, the rules of play or this type of program or activity;
4. Release, waive, discharge and relinquish Sacramento Adventure Playground, Fairytale Town, the City of Sacramento, Sacramento Unified School District, La Familia Counseling Center, 916 Ink, sponsors or donors of Fairytale Town and all of their respective directors, officers, employees, and agents from any liability, loss, damage, claim, demand or cause of action against them attributable to the minor's participation in the event or activity, whether the same shall arise by their negligence or otherwise;
5. Assume any and all risks of personal injuries to the minor, permanent or partial disability, or death and damages to the minor's or my property, caused by or arising from the minor's participation in the program or activity and authorize Sacramento Adventure Playground or permittee/sponsor to contact or employ a licensed physician to render any medical treatment deemed necessary for the minor, or to take and admit the minor to any hospital. If such medical treatment or hospitalization is required, I agree to pay all medical and hospital bills relating thereto;
6. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death for or on behalf of the minor against the Sacramento Adventure Playground, Fairytale Town, the City of Sacramento, Sacramento Unified School District, La Familia Counseling Center, 916 Ink or any of their respective directors, officers, employees, & agents attributable to the minor's participation in the program or activity;
7. Warrant that the minor is in good health & has no physical condition that would prevent the minor from participation in the event or activity.

**IMPORTANT: This document relieves the Sacramento Adventure Playground, Fairytale Town and others from liability for personal injury, wrongful death, and property damage caused by negligence.**

In exchange for my child being allowed to play and enter the area I agree that my child and I (and our heirs, assignees, guardians, siblings and personal representatives) WILL NOT SUE Fairytale Town, its directors, officers, employees, or agents for any injury or damage to my child, or I, or any person the child is with, including, but not limited to any injury, loss or damage caused by the negligence of Fairytale Town, its employees, partners, or agents.

I understand that on behalf of my child, on my own behalf and those listed within the Emergency Contact: (1) I am RELEASING Fairytale Town, its directors, officers, employees, partners and agents from liability if my child is injured, and (2) I fully ASSUME THE RISK OF INJURY TO MY CHILD to the fullest extent permitted by California law.

Furthermore, I have read the Sacramento Adventure Playground Program Rules and Etiquette and agree to abide by them. I thoroughly understand that this playground is based upon children playing at their own risk level within the program guidelines. It may include, among other things, children's use of wood, tools, boxes and playing among structures, built, in part, by children. I am aware that these activities are risky, and that the risks include, but are not limited to, children falling, tripping, or getting dirty, bruised and/or cut, or otherwise injured.

Furthermore, I agree to pay any penalty fees as listed within the program guidelines.

Furthermore, I agree that photographs, pictures, slides, movies or videos of the minor may be taken in connection with the minor's participation in the program or activity without compensation of any kind, and consent to the use of the photographs, pictures, slides, movies or videos for any legal purposes.  Yes  No

Parent/Guardian: \_\_\_\_\_ (print) \_\_\_\_\_ (signature) \_\_\_\_\_ (date)

Participated in walk-through of the property on \_\_\_\_\_ (date) \_\_\_\_\_ (initials)

As a participant I understand that I am responsible for behaving in a generally safe manner, including proper social skills when interfacing with other participants and staff. I have read and understand the Sacramento Adventure Playground Program Rules and Etiquette, and especially the "Participant Basics," and agree to follow them.

Participants (Minor's) Signature	/	Date:	Participants (Minor's) Signature	/	Date:
_____	/	_____	_____	/	_____
_____	/	_____	_____	/	_____