

**IMPORTANT:**  
**PLEASE READ AND SIGN THE RELEASE FORM**

**CITY OF BENICIA**  
**PARKS AND COMMUNITY SERVICES**  
**WAIVER AND RELEASE**  
**OF ALL CLAIMS FOR PARTICIPATION IN:**  
**TOT DROP**  
**Emergency Information**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ zip \_\_\_\_\_

Phones \_\_\_\_\_

(Please include pager, cell, and car phones)

Parent Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Parent Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Are both parents authorized to pick up? please check one:

both parents \_\_\_\_ or ONLY: \_\_\_\_\_

**Emergency Contacts: Authorized to pick up your child**

(Please include pager, cell, and car phones)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Please list any known medical problems:

(e.g. asthma, allergies, past history of illnesses):

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Please read this form carefully and be aware in registering your child/ward for participation in the above named program you will be waiving and releasing all claims for injuries your minor child/ward might sustain arising out of this program.

As a parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury including but not limited to, sprains, breaks, cuts, punctures and bruises from tripping, falling and colliding with other people/objects. I agree to assume the full risk of any injuries, damages or loss which my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with TOT DROP.

I agree to waive and relinquish all claims against the City of Benicia and TOT DROP and its officers, agents, servants and employees that may result from minor child/ward's participation in TOT DROP.

I do hereby fully release and discharge the City of Benicia and TOT DROP and its officers, agents, servants, and employees from any and all claims from injuries, damage or loss which my minor child/ward may have or which may accrue to my minor child/ward and arising TOT DROP.

I further agree to indemnify and hold harmless and defend the City of Benicia and TOT DROP, its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by my minor child arising out of, connected with, or in any way associated with TOT DROP.

In the event of any emergency, I authorize TOT DROP / City officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Program Details, Waiver and Release of All Claims, and Permission to Secure Treatment.

I HAVE READ AND FULLY UNDERSTAND TOT DROP POLICIES FOR RESERVATIONS, CANCELLATIONS, LATE ARRIVALS AND PAYMENT.

Child's Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

