

# Rio Vista Recreation Center

## GROUP DAY PASS ROSTER



### CHAPERONE INFORMATION

ADULT NAME	ORGANIZATION NAME/ADDRESS	DRIVERS LICENSE #	PHONE #
ADULT NAME	ORGANIZATION NAME/ADDRESS	DRIVERS LICENSE #	PHONE #

### YOUTH INFORMATION

YOUTH NAME	AGE

YOUTH NAME	AGE

### Waiver of Liability & Photo/Video Consent

By signing the Daily Pass Sign In Sheet, I, on behalf of myself, my heirs, executors, administrators, successors, and assigns, hereby release and forever discharge the City of Peoria, an Arizona municipal corporation ("City"), its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants, volunteers, employees, and any and all other persons, firms, or corporations who are or might be liable ("Released Parties") from any and all claims of any kind or character which I or my child, or the child for whom I am legally responsible, have or may have against them due to my participation, or my child's participation, or that of the child for whom I am legally responsible, in programs, services or activities at the City's Rio Vista Recreation Center ("Activities"). This waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during or arising out of the Activities. In that regard, I covenant, on behalf of myself, my heirs, executors, administrators, successors, and assigns, to indemnify, defend, and hold harmless the Released Parties to the fullest extent permitted by law from any losses or damages, including, without limitation, reasonable attorneys' fees and litigation expenses, which may be incurred by the Released Parties in the event any such claims are asserted against them or any of them. I understand that medical claims and health insurance for myself and my child, or the child for whom I am legally responsible, are my responsibility. This waiver does not extend to any such claim or liability that is caused by the sole and exclusive gross negligence of the City or its officers, employees, or agents. I agree to comply with all rules imposed by the City regarding the use of the facilities and equipment, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose. I understand and agree that the City is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises. I give my consent to the City to take photos/video of me and my child, or the child for whom I am legally responsible, to be used by the City for program promotion.

### Rio Vista Recreation Center Climbing Wall Waiver (Climbers must be 5 years of age or older.)

I am aware that rock wall climbing includes certain risks, including but not limited to the risk of serious injury or death. I am voluntarily participating in this activity with knowledge of the dangers involved, and hereby agree to accept full responsibility for the risks involved. In consideration of being allowed to use the rock climbing wall at the Rio Vista Recreation Center, I acknowledge and agree to the following:

- **Hazards of Climbing.** Rock wall climbing is an inherently dangerous activity.
- **Climbing is Voluntary.** The use of the Rio Vista rock wall, facilities, equipment or apparatus is voluntary with complete and full understanding that such usage involves hazards and dangers.
- **Conduct.** I will obey and comply with all rules, regulations, or instructions of the Recreation Staff in charge of the wall.
- **Equipment.** Any equipment or gear that I may receive, rent, or borrow from the Rio Vista Recreation Center, I use at my own risk.

**I, as the participant(s) certify that my signature signifies that I have read, understood and agreed to be bound by the contents of the City of Peoria Waiver of Liability and Climbing Wall Waiver on behalf of myself and/or any youth listed. I am aware that by signing this agreement I am waiving certain legal rights, including the right to sue. I am voluntarily signing this agreement.**

By signing below, Parent(s) and/or Guardian(s) acknowledge above waiver as it pertains to self and all minor children.

1. Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Use: Station #
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Staff Verification/Time:
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