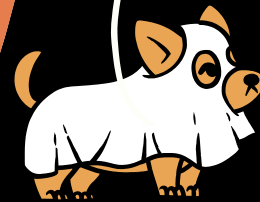


Arcadia Recreation & Community Services

VIRTUAL HALLOWEEN COSTUME CONTEST



**SUBMIT PHOTO & ENTRY FORM
AT ARCADIACA.GOV/RECREATION OR TO
RECREATION@ARCADIACA.GOV**

**BY 10/30/20 AT 10:30AM
FOR A CHANCE TO WIN A PRIZE**

**WINNERS WILL BE SHOWCASED ON THE CITY WEBSITE & TWITTER
BY 5PM ON 10/30/20**



FOR MORE INFORMATION, CALL 626.574.5113.



SUBMIT PHOTO WITH THE FOLLOWING INFORMATION:

PARENT NAME: _____ **PHONE:** _____

ADDRESS: _____ **EMAIL:** _____

NAME OF CHILD: _____ **NAME OF PET:** _____

DESCRIPTION OF PHOTO: _____

RELEASE OF LIABILITY AND INDEMNIFICATION FOR ALL PARTICIPANTS - I HEREBY WAIVE, RELEASE AND DISCHARGE ANY AND ALL CLAIMS OR RIGHTS TO CLAIMS FOR DAMAGES FOR DEATH, PERSONAL INJURY OR PROPERTY DAMAGE WHICH I MAY HAVE, OR WHICH MAY HEREAFTER ACCRUE TO ME, AS A RESULT OF PARTICIPATION IN SAID ACTIVITY. THIS RELEASE IS INTENDED TO DISCHARGE IN ADVANCE THE CITY OF ARCADIA, (AND THEIR RESPECTIVE AGENTS, VOLUNTEERS AND EMPLOYEES), FROM AND AGAINST ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANYWAY WITH MY PARTICIPATION IN SAID ACTIVITY. I FURTHER UNDERSTAND THAT ACCIDENTS MAY OCCUR DURING SAID ACTIVITY, AND THAT PARTICIPANTS IN SUCH ACTIVITY MAY SUSTAIN PERSONAL INJURIES, AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF. KNOWING THE RISKS OF SAID ACTIVITY, NEVERTHELESS, I HEREBY AGREE TO ASSUME THOSE RISKS AND TO RELEASE AND HOLD HARMLESS ALL OF THE PERSONS OR ENTITIES MENTIONED ABOVE. IT IS FURTHER UNDERSTOOD AND AGREED THAT THIS WAIVER, RELEASE AND ASSUMPTION OF RISK IS TO BE BINDING ON MY HEIRS AND ASSIGNS. IF THE PARTICIPANT IS A MINOR, I ALSO GIVE PERMISSION FOR HIS/HER PARTICIPATION IN THE ABOVE ACTIVITIES, AND FOR ANY NECESSARY EMERGENCY MEDICAL TREATMENT. I UNDERSTAND THAT THE CITY OF ARCADIA HAS NO OBLIGATION TO SUPERVISE MY CHILDREN AT THE CLOSE OF THE ABOVE ACTIVITIES AND I RELEASE THE CITY OF ARCADIA, ITS OFFICERS, EMPLOYEES AND AGENTS FROM ANY LIABILITY RESULTING FROM THE LACK OF SUPERVISION OF MY CHILDREN AT THE CLOSE OF THE ABOVE ACTIVITIES. I UNDERSTAND AND AGREE THAT PARTICIPANTS INVOLVED IN RECREATION PROGRAMS ARE SUBJECT TO BEING PHOTOGRAPHED AND SUCH PHOTOGRAPHS MAY BE USED TO PUBLICIZE CITY PROGRAMS.

IN CONSIDERATION FOR THE CITY OF ARCADIA'S ACCEPTANCE OF THIS REGISTRATION, I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE CITY OF ARCADIA, ITS OFFICIALS, OFFICERS, EMPLOYEES, AGENTS, OR VOLUNTEERS FROM ANY LIABILITY OR CLAIM OR ACTION FOR DAMAGES RESULTING FROM OR IN ANY WAY ARISING OUT OF MY PARTICIPATION IN ANY CITY RECREATION AND COMMUNITY SERVICES DEPARTMENT PROGRAM. I FURTHER UNDERSTAND AND AGREE (1) TO ASSUME ALL RISKS INHERENT IN THE ACTIVITIES WHICH ARE AVAILABLE AND IN WHICH I MAY PARTICIPATE, AND UNDERSTAND THAT THESE ACTIVITIES INVOLVE RISK TO MY PERSON AND PROPERTY AND (2) TO ASSUME THE RISKS, IF ANY, ARISING FROM THE CONDITIONS AND USE OF EQUIPMENT AND FACILITIES. I FURTHER UNDERSTAND AND AGREE THAT THERE MAY BE RISKS AND DANGERS NOT KNOWN OR REASONABLY FORESEEABLE TO ME AT THIS TIME, AND IN ACCORDANCE WITH SECTION 1542 OF THE CALIFORNIA CIVIL CODE, I UNDERSTAND THAT MY RELEASE EXTENDS TO CLAIMS WHICH I DID NOT KNOW OR SUSPECT TO EXIST IN MY FAVOR AT THE TIME OF EXECUTION OF THIS RELEASE.

I UNDERSTAND AND AGREE THAT INCLUDED WITHIN THE SCOPE OF THIS RELEASE IS ANY CAUSE OF ACTION, ARISING FROM THE PERFORMANCE OF OR THE FAILURE TO PERFORM MAINTENANCE, INSPECTION, SUPERVISION OR CONTROL OF EQUIPMENT AND FACILITIES, OR THE FAILURE TO WARN OF EXISTING DANGEROUS CONDITIONS NOT KNOWN TO OR REASONABLY DISCOVERED BY THE CITY, INCLUDING ALL ACTS OF NEGLIGENCE OF THE CITY. I UNDERSTAND THAT MY PARTICIPATION IN ANY CITY RECREATION AND COMMUNITY SERVICES DEPARTMENT PROGRAM, INCLUDING BUT NOT LIMITED TO THE ACTIVITIES LISTED ABOVE, EXPOSES ME TO THE RISK OF COMMUNICABLE DISEASES AND VIRUSES. I HEREBY ACKNOWLEDGE THAT I AM VOLUNTARILY PARTICIPATING IN SAID ACTIVITIES AND AGREE TO ASSUME ANY SUCH RISK OF EXPOSURE TO COMMUNICABLE DISEASES AND VIRUSES. CITY PROGRAMS DO NOT QUALIFY AS CHILDCARE FOR TAX PURPOSE.

IF THE PARTICIPANT IS A MINOR, HIS OR HER CUSTODIAL PARENT OR LEGAL GUARDIAN MUST READ AND EXECUTE THIS AGREEMENT. I HEREBY WARRANT THAT I AM THE CUSTODIAL PARENT OR LEGAL GUARDIAN OF _____ (PRINT MINOR'S NAME), WHO IS A MINOR, AND I AGREE ON MY OWN AND SAID MINOR'S BEHALF TO THE TERMS AND CONDITIONS OF THIS RELEASE.

IN THE EVENT OF INJURY OR ILLNESS WHILE THE PARTICIPANT WHO IS A MINOR IS ATTENDING THE RECREATION ACTIVITY, I HEREBY AUTHORIZE THE CITY OF ARCADIA RECREATION AND COMMUNITY SERVICES DEPARTMENT TO CONSENT TO MEDICAL TREATMENT ON BEHALF OF THE MINOR AS DEEMED NECESSARY. THE UNDERSIGNED, AS PARENT OR LEGAL GUARDIAN OF THE CHILD IDENTIFIED ON THIS FORM, HEREBY AUTHORIZES THE RECREATION AND COMMUNITY SERVICES DEPARTMENT AND ITS OFFICERS, EMPLOYEES AND AGENTS INTO WHOSE CARE THE REGISTERED CHILD HAS BEEN ENTRUSTED, TO CONSENT TO THE ADVICE OF TRAINED EMERGENCY PERSONNEL. THIS AUTHORIZATION TO CONSENT TO TREATMENT OF THE MINOR IDENTIFIED ABOVE IS GIVEN TO THE RECREATION AND COMMUNITY SERVICES DEPARTMENT IN CONJUNCTION WITH ANY ACTIVITY OR EVENT IN WHICH THE MINOR'S CARE IS ENTRUSTED TO THE RECREATION AND COMMUNITY SERVICES DEPARTMENT.

THE RECREATION AND COMMUNITY SERVICES DEPARTMENT MAY TAKE AND USE PHOTOS OF PARTICIPANTS FOR PUBLICITY PURPOSES. PHOTOS OF PARTICIPANTS ARE USED IN THE CITY'S ACTIVITY GUIDE AND OTHER MEDIA PUBLICATIONS. I HEREBY GRANT THE CITY OF ARCADIA PERMISSION TO USE MY, OR IF THE PARTICIPANT IS A MINOR, THE MINOR'S LIKENESS, NAME, VOICE AND WORDS IN ANY BROADCAST, TELECAST OR PRINT MEDIA ACCOUNT OF THIS EVENT OR ACTIVITY FREE OF CHARGE.

SIGNATURE (REQUIRED): _____ **DATE:** _____