



2015 REGISTRATION FORM
Seasonal Ocean Lifeguard Trainee Try-Out

DATE: _____

NAME: _____
Last First Middle

BIRTH DATE: _____ E MAIL: _____

ADDRESS: _____
Street City State Zip

TELEPHONE: _____

In Case of Emergency Notify: _____ Telephone: _____

CITY OF NEWPORT BEACH
Release of Liability & Waiver

I am aware that participation in the 2015 Seasonal Ocean Lifeguard Trainee try-out is a dangerous activity conducted in an uncontrolled natural environment and I am voluntarily participating in this activity with the full knowledge of the inherent dangers in such a setting and hereby agree to accept any and all risk of injury. I also agree to defend, indemnify and hold harmless the City of Newport Beach, its officers, agents or employees from any liability or claim or action for damages resulting from, or in any way arising out of, the participation in the try-out.

Activity Name: **SEASONAL OCEAN LIFEGUARD TRAINEE TRY-OUT**

Date and time of activity: **SUNDAY, MARCH 8, 2015 8:30 AM**

Important: If under the age of 18 this Form must be signed by a Parent or Legal Guardian.

Participant's Signature: _____ Date: _____

Parent or Legal Guardian's Signature: _____ Date: _____

***THIS FORM MUST BE SIGNED AND TURNED IN AT TRY-OUTS ON MARCH 8, 2015**
IN ORDER TO PARTICIPATE.