



REGISTRATION FORM 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 Lifeguard Trainee try-out is a dangerous activity with a risk of personal injury, death, disability, property damage, or loss conducted in an uncontrolled natural environment and I am voluntarily participating in this activity with the full knowledge of such inherent dangers in such a setting and hereby agree that all such risks are known to me and to accept any and all risk of injury. I assume such risk on behalf of myself, my heirs, executors, administrators, assigns, and anyone who might claim on my behalf, and, on all such behalves, also agree to defend, indemnify and hold harmless the City of Newport Beach, its officials, officers, agents, volunteers, contractors, 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. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

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

Date and time of activity: **SUNDAY, FEBRUARY 9, 2020 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 IN ORDER TO PARTICIPATE.**