



## 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 of activity: **SATURDAY, JANUARY 24, 2026**

**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 ATTACHED (UPLOADED) TO THE APPLICATION PRIOR TO SUBMISSION IN ORDER TO PARTICIPATE.**