



Los Angeles County Department of Parks and Recreation
Castaic Lake State Recreation Area
 Creating Community through People, Parks and Programs

WAIVER for Jr. Lifeguard Program “ _____ ” Event

Participant’s Name:

(First/Last) _____

If a Minor - (First/Last) _____ (Age) _____

If a Minor - (First/Last) _____ (Age) _____

Address: _____ City: _____ CA - Zip: _____

Contact Phone # (____) _____ - _____

In case of Emergency, please contact the following:

| Name | Relationship | Phone # |
|-------|--------------|---------|
| _____ | _____ | _____ |

PHOTOGRAPHY CONSENT, RELEASE AND WAIVER OF LIABILITY

I hereby give my consent to the County of Los Angeles to photograph me and use the photograph(s) for informational, educational, promotional or publicity purposes concerning the county and its services.

I understand that the photograph(s) may be used on the county’s Website, or in official county publications or displays, public newspapers, magazines reports, or other public documents; or electronic or digital recordings. I also understand that the photograph(s) may be used without any further consent or authorization from me; the county may modify the photograph(s) in the process of editing, and I will not be entitled to any compensation for use of the photograph(s). I also agree to release the County of Los Angeles, its officers, employees, or agents) from any and all liability arising out of or connected to the use of the photograph(s) as stated above. I have read and understand the foregoing consent, release, and waiver of liability, and voluntarily accept and agree to its terms.

Waiver of Liability: By signing this waiver, I agree to release and hold harmless the County of Los Angeles, State of California, Castaic Lake, its agents and employees from any claim arising from my voluntary participation in a Los Angeles County activity, including classes or activities which involve some inherent personal risk. In the event of illness or injury, I consent to whatever emergency medical care is considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. It is understood that resulting expenses will be the responsibility of the participant or participant’s parent or guardian, if the participant is a minor. I have read and fully understand this Waiver of Liability.

ADA Notice

Pursuant to the Americans with Disabilities Act (ADA), the County of Los Angeles Department of Parks & Recreation has designated an ADA coordinator to carry out this department’s compliance with the non– discriminatory provisions of the ADA. For more information, you may contact the ADA Coordinator’s Office TEL (626) 588-5109 TDD (800) 899-4099 FAX (626) 458-5526. Upon 3-day request notice, sign language interpreters and related materials in alternative formats (Braille-transcript, large print, audio-record, video-captioning, live description) or any reasonable accommodations are available to the public for County-sponsored activities and events.

Participant, 18 years of age or older:

Name (print): _____ Signature: _____ Date: _____