

Annenberg Community Beach House

AT SANTA MONICA STATE BEACH



Activity _____

Participant Information

Full Name (Please Print) _____

Sex M / F Birthdate ____/____/____ Age _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell (____) _____

Email _____

Special Needs/ Medications/ Allergies _____

Parent/Guardian Information (if under 18 years old)

Full Name (Please Print) _____

Home Phone (____) _____ Cell (____) _____

Email _____

Waiver, Release and Assumption of Risk In consideration of the applicant's participation in the above activity, I waive and release all claims for damages for death, personal injury or property damage that may occur as a result of engaging in activity. This discharges in advance the City of Santa Monica, its employees and other agents from liability even though that liability may arise out of their negligence. I know that this activity involves a risk of accidents, and I willingly assume the risk. This waiver, release and assumption of risk is binding on my heirs and assigns. I give permission for any medical care that the leaders of the above deem necessary.

Photo Release I hereby consent to the photographing, recording and reproduction in any other manner (including use of video and audiotapes) of the likeness, voice and/or activities of the participant and further authorize the City of Santa Monica, its agents or assigns, to make unlimited use of such reproductions, including but not limited to broadcasting of the reproductions over radio, television and on the internet. I understand that I will not receive any monetary compensation now or in the future for participating. I do hereby release and hold harmless the City of Santa Monica, its officers and employees from any claims.

Refund Policy Activity fee is non-refundable.

Please circle one: Parent / Legal Guardian / Participant (if 18 or older)

Signature _____ Date _____

Print Name _____



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