

**El Dorado Hills Community Services District - 2011 Release of Liability Waiver**

Mail Form with Payment to: EDHCSD, 1021 Harvard Way, El Dorado Hills, CA 95762 Phone (916) 614-3216  
Fax (916) 941-1627

Participant's Name: \_\_\_\_\_ Circle: Male Female Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Parent/Guardian Name(s): \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Grade: \_\_\_\_\_ (Youth Sports) Circle T-shirt Size: Youth: S M L Adult: S M L

Program Name	Class Code	Month/Dates	Day	Time	Fee

This constitutes application and consent that the above named individual(s) participate in the recreation program sponsored by the El Dorado Hills Community Services District. I/We understand and acknowledge that the recreation program may involve risk of injury to participants from bodily contact with other participants and/or other risks inherent in the activity and that the District has no medical insurance resulting from such recreation activity. The undersigned further agrees that the District will not be held responsible for any such accidental injuries, not involving fault or negligence of the District. I/We authorize and consent to such emergency medical care and treatment prescribed by a duly licensed physician as the physician deems advisable, and the undersigned will be responsible for the costs of any such medical care or treatment.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent Signature if participant is a minor)

**El Dorado Hills Community Services District - 2011 Release of Liability Waiver**

Mail Form with Payment to: EDHCSD, 1021 Harvard Way, El Dorado Hills, CA 95762 Phone (916) 621-3216  
Fax (916) 941-1627

Participant's Name: \_\_\_\_\_ Circle: Male Female Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Parent/Guardian Name(s): \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Grade: \_\_\_\_\_ (Youth Sports) Circle T-Shirt Size: Youth: S M L Adult: S M L

Program Name	Class Code	Month/Dates	Day	Time	Fee

This constitutes application and consent that the above named individual(s) participate in the recreation program sponsored by the El Dorado Hills Community Services District. I/We understand and acknowledge that the recreation program may involve risk of injury to participants from bodily contact with other participants and/or other risks inherent in the activity and that the District has no medical insurance resulting from such recreation activity. The undersigned further agrees that the District will not be held responsible for any such accidental injuries, not involving fault or negligence of the District. I/We authorize and consent to such emergency medical care and treatment prescribed by a duly licensed physician as the physician deems advisable, and the undersigned will be responsible for the costs of any such medical care or treatment.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent Signature if participant is a minor)