

Culver CITY

PARKS, RECREATION & COMMUNITY SERVICES DEPARTMENT
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VETERANS MEMORIAL CO
MPLEX DIVISION

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Pam Robinson
PRCS Department
Acting Director

www.culvercity.org

FIESTA LA BALLONA

For my participation in the 2010 FIESTA LA BALLONA:

I attest and verify that I am physically able to participate in the above listed activity and have consulted a licensed, trained medical doctor prior to signing this Waiver. Furthermore, I hereby waive, release and discharge any and all claims or rights to claims for damages for death, personal injury or property damage which I may have or which may hereafter accrue to me, as a result of my participation in said activity. This Release is intended to discharge in advance the promoters, sponsors, the City of Culver City, its employees, agents, and officials, Fiesta La Ballona Committee and its members, and any involved municipalities or other public entities (and their respective agents and employees), from and against any and all liability arising out of or connected in anyway with my participation in said activity, even though that liability may arise out of a negligent act, error or omission on the part of the persons or entities mentioned above.

I further understand that serious accidents occasionally occur during said activity, and that participants in such activity occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence thereof. Knowing the risks of said activity, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who, through negligence or carelessness, might otherwise be liable to me, or my heirs or assigns for damages.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to accept and abide by the rules and regulations of the City of Culver City. I give my permission to the City of Culver City to photograph me participating in the programs for use in City of Culver City publicity and publications and I will not seek compensation for such use.

Print Name of Participant

Signature of Participant
(or guardian, if participant is a minor)

Date