



**CORTE MADERA  
 PARKS & RECREATION DEPARTMENT  
 498 TAMALPAIS DRIVE  
 CORTE MADERA, CA 94925  
 (415) 927-5072 FAX: (415) 927-7138  
 EMAIL: [recreation\\_dept@ci.corte-madera.ca.us](mailto:recreation_dept@ci.corte-madera.ca.us)  
 WEBSITE: [www.ci.corte-madera.ca.us](http://www.ci.corte-madera.ca.us)**

**TOWN OF CORTE MADERA RECREATION ACTIVITES**

**SUMMER PLAYGROUND FIELD TRIP PERMISSION SLIP**

My son/daughter \_\_\_\_\_

**Has my permission to attend: Ice Skating at Yerba Buena Center  
 With the Town of Corte Madera Recreation Leaders on Wednesday, July 27<sup>th</sup> 2011  
 from 10:00 a.m. to 4:30 p.m. **\$25 per person****

In consideration of acceptance of my application for my child's entry in the above event, I hereby waive, release and discharge any and all claims for damages, for death, personal injury, or property damage which I or my child may have, or which may have, or which may hereafter accrue to me or my child, as a result of my child's participation in said event. This release is intended to discharge in advance the promoters, sponsors, the promoting clubs, the officials, 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 any way with my or my child's participation in said event, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above, including their passive or active negligence.

I further understand that serious accidents occasionally occur in the events described above; and that participants in said events occasionally sustain mortal or serious personal injuries, and/ or property damage, as a consequence thereof. Knowing the risks of said events, nevertheless, I, my child, and I on behalf of my child hereby agree to assume those risks and to release and hold harmless all the persons or entities mentioned above who (through passive or active negligence or carelessness) might otherwise be liable to me or my child (or to my child's heirs or assigns) for damages.

In case of emergency medical services required, I understand and agree that my child can be treated by medical staff and taken to a medical facility if necessary.

It is further understood and agreed that this waiver, release and assumption of risks is to be binding on me and my child's heirs and assigns.

I and my child agree to accept and abide by the rules and regulations of the Town of Corte Madera and all other entities which have involvement in these events.

\_\_\_\_\_  
 Signature of Parent or Legal Guardian \_\_\_\_\_  
 Date

**Registration is not complete without payment.**  
 Payment: \_\_\_\_\_ Cash \_\_\_\_\_ Check made out to Town of Corte Madera

Credit Card Number \_\_\_\_\_ Exp: \_\_\_\_\_

Name on Card: \_\_\_\_\_