

CITY OF SARATOGA
RELEASE OF LIABILITY
SARATOGA RECREATION DEPARTMENT
19655 Allendale Ave., Saratoga, CA 95070
408.868.1248 or 868.1249

Name: _____
will participate in City of Saratoga Recreation Department trips.

Address: _____
Street Apt. # City Zip

Phone: _____
(Daytime) (Evening) (Cell)

Email address: _____
(Email addresses will be used only to send you a PDF of the new trip fliers two working days after they are mailed.)

Any major health problems of which we should be aware: Yes No

If yes, please describe: _____

Do you take medication which must be administered in case of emergency? Yes No

Name of medication and dosage required: _____

Do you carry it on your person? Yes No Are you allergic to any medication? Yes No

If yes, what? _____

List at least two individuals who can be contacted in case of emergency:

Name	Address (Street, City, Zip)	Area code and phone number
_____	_____	_____
_____	_____	_____

I, the undersigned, do agree to release and hold harmless the City of Saratoga and it's officers, employees and volunteers from any claim, demand or cause of action for injury to the above named participant(s) or damage to his/her personal property which arises out of or is in any way connected with the Saratoga Recreation Department programs and any travel in connection with such programs. The City of Saratoga will not be responsible in case of accident, illness or property damage. I understand no refunds will be given for trips unless a replacement can be found from our waiting list and then a \$15 processing fee will apply.

Signature _____ Date _____ 11/04