



Teen Leadership Academy CIT & YSC Scholarship Form

2019

Parent or Guardian Information

Last Name:	First Name:
Contact Phone:	Email:
Address:	City/ZIP FREMONT/945 _____

Participant Information

Last Name:	First Name:	Birthdate	Age
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COUNSELORS IN TRAINING

YOUTH SERVICE CORPS

COUNSELORS IN TRAINING				YOUTH SERVICE CORPS			
AGE	DATE	BARCODE	FEE	AGE	DATE	BARCODE	FEE
15-18	Jun 24-Jul 12	270587	\$149	12-14	Jun 24-Jul 12	270590	\$145
	Jul 15-Aug 2	270588	\$149		Jul 22—Aug 9	270591	\$145
	Aug 5-Aug 23	270589	\$149	15-18	Jun 24-Jul 12	270585	\$149
					Jul 22- Aug 9	270586	\$149

COURSE FEE

SCHOLARSHIP

PAYMENT

C/CK/CC

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CITY OF FREMONT RELEASE AGREEMENT FOR ALL PARTICIPANTS

IN CONSIDERATION OF PERMISSION TO PARTICIPATE IN OR USE ANY CITY OF FREMONT (hereinafter referred to as "City") FACILITIES IN CONNECTION WITH THIS ACTIVITY, THE PARTICIPANT AGREES TO THE FOLLOWING:

- 1. THE PARTICIPANT HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE CITY OF FREMONT, ITS EMPLOYEES, OFFICERS AND AGENTS** (hereinafter referred to as "releasees") from all liability to the participant, his or her personal representatives, assigns, heirs, and next of kin, for any loss, damage, or claim therefore on account of injury to the person, participant's family member, or property of the participant, whether caused by any negligent act or omission of the releasees or otherwise, while the participant or participant's family member is participating in a City activity or using any City facilities in connection with the activity.
- 2. THE PARTICIPANT HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS** the releasees from all liability, claims, demands, causes of action, charges, expenses, and attorney fees (including attorney fees to establish the releasees' right to indemnify incurred on appeal) resulting from involvement in this activity, whether caused by any negligent act or omission of the releasees or otherwise.
- 3. THE PARTICIPANT HEREBY ASSUMES FULL RESPONSIBILITY FOR RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** to self or participant's family member while upon City property or participating in the activity or using any City facilities and equipment, whether caused by any negligent act or omission of releasees or otherwise. The participant expressly agrees that the foregoing release and waiver, indemnity agreement and assumption of risk, are intended to be as broad and inclusive as permitted by California law and that if any portion thereof is deemed to be held invalid, notwithstanding, the balance shall continue in full legal force and effect.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING and I am aware of the legal consequences of this agreement, including the acknowledgement that it prevents me from suing the City or its employees, agents, or officers, if I or my family member is injured or my property is damaged for any reason as a result of participation in this activity. I further acknowledge that no oral representations, statements or inducements have been made. **IF THE PARTICIPANTS ARE MINORS** his or her custodial parent or legal guardian must read and execute this agreement. I hereby warrant that I am the custodial parent or legal guardian of the participants listed on the registration form.

Signature:	Date:
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