

**JUNIOR LIFEGUARD PROGRAM  
REGISTRATION & WAIVER  
2019**

**LAKE CASITAS RECREATION AREA**  
11311 Santa Ana Road, Ventura, CA 93001  
(805)-649-2233 – FAX (805)-649-4661

Customer Fill Section			
Dates	Classes	Fee	Total Fee
<input type="checkbox"/> 7/8-8/2/19	4 wk. session (Uniform included)	\$450.00	\$ _____
<input type="checkbox"/> 7/8-7/12/19	Week #1	\$120.00	\$ _____
<input type="checkbox"/> 7/15-7/19/19	Week #2	\$120.00	\$ _____
<input type="checkbox"/> 7/22-7/26/19	Week #3	\$120.00	\$ _____
<input type="checkbox"/> 7/29-8/2/19	Week #4	\$120.00	\$ _____
	One time uniform fee for individual 1 week sessions	\$ 40.00	\$ _____
	<b>TOTAL</b>		\$ _____

\*Program may be purchased by session or by week.

Office Use Only	
Confirmed	Name/Date
<input type="checkbox"/>	_____ / _____
<input type="checkbox"/>	_____ / _____
<input type="checkbox"/>	_____ / _____

Name of Participant (PRINT): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Address (PRINT): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Parent/Legal Guardian Name (PRINT): \_\_\_\_\_ E-mail: \_\_\_\_\_ @ \_\_\_\_\_  
 Address if Different from Above (PRINT): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Medical Release for Participant Under 18.** I, the undersigned parent/legal guardian ("Parent") of the undersigned minor participant ("Participant"), hereby authorize the Casitas Municipal Water District ("District") - Lake Casitas Recreation Area staff to take whatever actions may be necessary to obtain emergency medical care if warranted. These actions may include, but not be limited to, the following:

- ◊ Attempting to contact Parent directly or through other persons.
- ◊ Calling 911 for assistance and having Participant transported by ambulance to a hospital if recommended by emergency personnel.

I, the Parent of Participant, hereby further authorize any physician or medical staff of licensed hospital to provide treatment as is necessary until I can be notified. I understand this authorization is given in advance of any treatment being required.

**Release, Hold Harmless and Assumption of Risk.** Participant desires to participate in the Program(s) being registered herein and other activities related thereto ("Activities"). Participant, and his or her Parent, if participant is under 18 years old, recognize that the Activities are hazardous and understand the risks and dangers associated with participation in the Activities, including, but not limited to, bodily injury, disability, paralysis and death. The undersigned accept and assume such risks and responsibilities however caused or alleged to be caused by any party with the exception of those risks caused by gross negligence, fraud, willful misconduct or violation of law. In consideration for Participant being permitted to participate in the Activities, each of the undersigned hereby waives, releases, discharges, indemnifies and holds harmless the Casitas Municipal Water District, its Board of Directors, employees, agents and any other related parties from any and all claims for damages for wrongful death, personal injury, or property damage, arising out of Participant's participation in the Activities and caused by negligence (passive or active), strict liability or otherwise (except for such injury, wrongful death or property damage caused by District's gross negligence, fraud, willful misconduct or violation of law). This release is intended to be binding on each of the undersigned's heirs, beneficiaries, personal representatives, next of kin, spouse and assigns.

I/We have read the above waiver, have been fully and completely advised of the potential danger incidental to engaging in the Activities, are fully aware of the legal consequences of signing this waiver and have signed it voluntarily.

Signature: \_\_\_\_\_ Date \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 Participant Parent/Guardian