Los Angeles County Department of Public Health – POMONA WELLNESS COMMUNITY
750 S PARK AVE, POMONA, CA 91766

MINOR PARTICIPATION

WAIVER OF LIABILITY

NAME OF EVENT/ACTIVITY:_____
DATE AND TIME OF EVENT/ACTIVITY: _____
COORDINATOR: _____

(A parent or legal guardian must read and sign this form before the minor can participate in any POMONA WELLNESS COMMUNITY activity)

By completing and signing this form, I hereby agree to the following:

1. I am voluntarily authorizing the participation of minor
   (Print Child's First Name and Last Name)

   who is _____ years old and related to me as _____ in an event/activity held at the Los Angeles County Department of Public Health POMONA WELLNESS COMMUNITY. I understand that their participation in this event/activity may involve risk of injury.
2. I understand that it is my responsibility to consult with a physician before authorizing my child's participation in any physical exercise.
3. I assume full responsibility for any risks, injuries or damages, that may happen as a result of my child's participation in this event/activity. Additionally, I hereby release Los Angeles County and its employees and agents from any claim for such injuries, damages or death resulting from my child's participation in this event/activity.

I have read and completed the above release and waiver of liability and fully understand its contents. I am 18 years of age or older and voluntarily agree to the terms and conditions stated above, pertaining to authorizing the participation of

(Print Child's First Name and Last Name)

in this event/activity.

PARENT OR LEGAL GUARDIAN NAME (Print)	**SIGNATURE**	**DATE**
First Name		
Last Name		
Phone Number		