



**Hold Harmless Agreement & Emergency Form**

Program: Claremont Pétanque 2024

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/City/Zip

Cell Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_  Check if you wish to receive  
Senior Clicks E-newsletters

**Hold Harmless Agreement**

I understand and acknowledge that, although the City of Claremont takes measures to ensure participants' safety, there are inherent risks associated with the above-referenced activity/event, such as property damage, injury, illness, and death. To the extent permitted by law, I – on behalf of myself, my heirs, and my personal representatives, and on behalf of any minor children listed above – hereby agree to release, indemnify, defend and hold harmless the City of Claremont and its officials, officers, employees, contractors, volunteers, and agents from and against any and all liabilities, claims, penalties, losses, or expenses (including attorneys' fees), of any kind or nature whatsoever, whether related to bodily injury, property damage, or any other form of injury or loss, caused by any negligent act or omission of the City of Claremont or its officials, officers, employees, contractors, volunteers, and agents, arising out of or in any way related to the activity/event.

In particular, I understand and acknowledge the contagious nature of COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that the City of Claremont has put in place preventative measures to reduce the spread of COVID-19, but the City cannot guarantee that participants will not become infected with COVID-19 as a result of their attendance at this activity or event. I understand and acknowledge the risk of being exposed to and/or infected by COVID-19 as a result of attending this activity or event. Knowing this risk, I and/or the children listed above voluntarily agree to attend the activity or event. I agree to comply with all federal, state, and local laws, health orders, guidelines, and procedures that aim to reduce the spread of COVID-19 during this activity/event.

If I observe any unusual or significant hazard during the activity/event, I will take immediate precautions to ensure my safety (such as leaving the activity or event, if necessary) and immediately bring the hazard to the attention of the City Human Services staff or the City's Police Department. I hereby authorize the City of Claremont to call for emergency assistance (including an ambulance) in case of accident or acute illness, and to arrange for necessary medical or surgical care for me/any child listed above in the event that the emergency contact person(s) designated are unavailable. I understand that a conscientious effort will be made to notify me or the emergency contact person designated at the time of enrollment before such action is taken. I am participating/allowing any children listed above to participate at my own risk.

I understand and agree that, as a participant in this activity/event, I and any children listed above may be photographed, and I agree that the City may use such photographs for City purposes (such as to publicize City activities/events) without compensation and without further permission.

I certify that I have read and understand this waiver and release. I certify that I have capacity to sign this contract for any minor children listed above (i.e., I am their parent, legal guardian, or I have authorization from their parent or legal guardian to contract on their behalf). By signing below, I am accepting these risks and responsibilities for myself and for any children listed above.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Adult Participant

**Emergency Contact Information**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**\*\* In the event of an emergency:** Please list any information you would like the responders to know (health conditions, allergies, medications, etc.)

\_\_\_\_\_  
\_\_\_\_\_