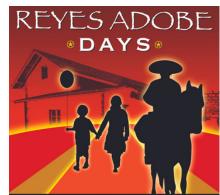






of



Minor Name:

Reyes Adobe Days 'RAD' **Poster Contest Application**

ARTIST NAME:	
ADDRESS:	
CITY:	STATE:
ZIPCODE:	PHONE#:
EMAIL:	
ARTIST SOCIAL ME	DIA:
ARTIST WEBSITE:	
ART MEDIA:	
GENERAL WA	IVER, RELEASE AND INDEMNITY AGREEMENT
physical or other impediment, which Program, I will be exposed to a risk of agree (on behalf of myself, my heirs, Agoura Hills (and its officers, agents, property damage, or wrongful death who negligence or carelessness on the part behalf of myself, my heirs, executors, (and its officers, agents, employees damage, or wrongful death which arise arises out of negligence or carelessness understand the dangers incidental to	struction, and engaging in the Program. I further certify that I am in good health and have no would endanger me while participating in the Program. I realize that, by participating in this injury or death. In consideration of permitting me to enroll in and participate in the Program, I executors, administrators, and assigns) to release, discharge, waive, and relinquish the City of employees, and volunteers) from any and all liabilities, claims, or actions for personal injury, nich arise out or relate to the Program, whether or not the liability, claim, or action arises out of of the City of Agoura Hills (or its officers, agents, employees, or volunteers). I further agree (on administrators, and assigns) to indemnify, defend, and hold harmless the City of Agoura Hills and volunteers) from any and all liabilities, claims, or actions for personal injury, property e out or relate to my participation in the Program, whether or not the liability, claim, or action ess on the part of the City of Agoura Hills (or its officers, agents, employees, or volunteers). It is oparticipating in the Program and the need for safety precautions. I have read this General demnity Agreement and am fully aware of the legal consequences of signing it.
Artist's Signature:	Date:
This is to certify that I, as parer participation, and authorize all Readministrators, and next of kin, I liabilities incident to my minor child	ANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF EVENT) of participant, do consent and agree to his/her eleases provided above. For myself, my heirs, assigns, personal representatives, executors, release and agree to indemnify and hold harmless the City of Agoura Hills from any and all 's involvement in this Event as provided above, whether arising from the active negligence of Agoura Hills or otherwise, to the fullest extent permitted by law.
Parent/Guardian N	a m e :
Parent/Guardian Si	gnature: