SIGN-IN FORM AND WAIVER

NAME OF EVENT/ACTIVITY:		
DATE A	AND TIME OF EVENT/ACTIVITY:	COORDINATOR:
(Please read before signing in)		
1. 2. 3.	Inpleting and signing this form, I hereby agree to I am voluntarily participating in an event/ active Department of Public Health Insert participation in this event/activity may involve I understand that it is my responsibility to consin any physical exercise. I assume full responsibility for any risks, injuried result of my voluntary participation in this event Los Angeles County, its employees and agents for death resulting from my participation in this exert participati	rt Facility Name]. I understand that my risk of injury. ult with a physician before participating s or damages, that may happen as a nt/activity. Additionally, I hereby release from any claim for such injuries, damages event/activity. ability and fully understand its
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