Los Angeles County Department of Public Health – Whittier Wellness Community
7643 S. Painter Ave, Whittier, CA 90602

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 Whittier 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 Whittier 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, 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		