

## **County of Los Angeles Department of Parks and Recreation**



## Santa Fe Dam June 27, 2018 8:00 am - 4:30 pm

Name:	Age:
All junior lifeguard personal information is kept se	curely in file box on the bus.
I hereby release the County of Los Angeles Department of P	
servants, assignees, employees, or volunteers, from any liability or re-	
minor in my custody might sustain while participating in any activity	
program. Additionally, I understand that my child may be transported	ed by volunteer drivers.
CONSENT TO TREATMENT OF MINOR: In the event of	sudden illness, accident, or injury which
may occur while said minor is engaged in any activity supervised by	the County of Los Angeles Department of
Parks and Recreation staff and its representatives, agents, or assigned	es, when neither the parent nor the guardian
can be contacted. I hereby give my consent pursuant to California Fa	amily Code Section No. 6910 for
emergency medical treatment. In the event or urgency according to t	the circumstances medical treatment may be
given by any doctor licensed under the laws of the State of California	a.
(Picture) Image Release	
In consideration of my minor child/ ward being allowed to p	articipate in any way in the County of Los
Angeles Department and Recreation program, related events and acti	vities, the undersigned agrees that such
participants likeness may be photographed and that such image may	
official county publication or displays, public newspapers, magazine	s, reports, or other public document; or
electronic or digital recordings.	
Title VI Compliance	
The County of Los Angeles Department of Parks and Recrea	
Assistance. If you feel you have been subject to discrimination on the	
sex, or handicap, you may file a complaint with the County of Los A	
433 South Vermont Avenue, Los Angeles California 90020, or the C	Office of Equal Opportunity United States
Department of Interior, Washington D.C.	
ADA Notice	
Pursuant to the Americans with Disability Act (ADA) this D	
coordinator to effect compliance with the non-discriminatory provisi	
sign language interpretation and related materials in alternative form	
record, etc.) or other reasonable accommodations are available for C	
Coordinator: Tel. 213-738-2970 TDD: 213-427-6118 Fax: 213-487-0	0380
Parent Guardian Signature:	
Parent Guardian Name:	

**Emergency Contact Phone:**