



Des Moines Police Activities League Registration & Waiver



Bike Camp 2025

Participant(s) Information/Informacion de los participantes

Information collected is for emergencies and grant purposes only

Full Name Child/nombre completo #1		<input type="checkbox"/> Male <input type="checkbox"/> Female
Shirt size:	Age/años:	Race: <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other
Medical or Food Restrictions/Restricciones médicas o alimentarias:		
Parent/Guardian/Padres Information		
Guardian #1 Full Name/ nombre completo:		Phone/teléfono:
Guardian #2 Full Name/ nombre completo:		Phone/teléfono:
Current Address/Direccion Actual:		
Parent/Guardian Email/correo electrónico de los padres:		Preferred Hospital/hospital preferido:
Emergency Contact/Contacto de Emergencia		
Full Name/Nombre:		Cell Phone/Numero de telefono:

CITY OF DES MOINES, IOWA

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AGREEMENT AND PHOTO RELEASE

In consideration of my, or my minor child(ren), being permitted to participate in any way in the above named Activity/Program ("Activity"), I, the Undersigned, for myself and my minor child (ren), all of my or my minor child's/children's, personal representatives, executors, administrators, heirs, next of kin, successors and assigns, herein referred to as "Releasors", do hereby:

1. Acknowledge that this Activity carries with it the potential for serious injury, death and/or property damage, and certify as to my physical fitness and that of my minor child(ren) to participate and declare that neither I, nor my minor child(ren), have been advised otherwise by a qualified medical professional.
2. Acknowledge, agree, and represent that I and my minor child(ren) will, at all times, be aware of the surroundings during the Activity and agree that if I or my minor child(ren) consider anything related to this Activity to be unsafe, will immediately advise the Activity officials of such, and if necessary, will leave the area or refuse to participate further in the Activity.
3. Waive, release and discharge, and covenant not to sue, the City of Des Moines, Iowa, its elected and appointed officials, employees, volunteers, sponsors, and agents, including others who give recommendations, directions, or instructions as part of this Activity, hereinafter referred to as "City", from any and all liability to Releasors for any and all loss or damage, and any claim or demands therefor, on account of injury to the person or property or resulting in my death or that of my minor child(ren) arising out of or related to the Activity, including traveling to or from the Activity.
4. Agree to Indemnify and Save and Hold Harmless the City and each of them from any loss, liability, damage, or cost that they may incur arising out of or related to my or my minor child's/children participation in this Activity.
5. Assume full responsibility for any risk of bodily injury, death or property damage arising out of or related to the Activity.



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6. Agree that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends *to all acts of negligence by the City, not including gross negligence and willful misconduct*, and is intended to be as broad and inclusive as is permitted by law including any governmental immunity afforded the City by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

7. Authorize any medical treatment, including the administration of anesthesia, deemed advisable by any licensed physician to relieve any injuries received or illness contracted by me or my minor child(ren) as a participant in this Activity.

8. Authorize and consent to the City, its sponsors, and any news media, and their successors and assigns and those acting under their authority, to take, publish, use in any media, and copyright photographs, videotape or other and audio or visual media, including broadcast in any media, of me or my minor child(ren) and agree that such may be used for any lawful purpose without further compensation or approval.

I have read the Release and Waiver, Assumption of Risk and Indemnity Agreement and Photo Release, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it voluntarily without assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the fullest extent permitted by law, including all acts of negligence by the City as stated above.

Parent/Legal Guardian: _____

Parent/Legal Guardian Signature (written or typed): _____ Today's Date: _____

Address: _____ City _____ Des Moines _____ State: _____

Return completed and signed form to: SPO Stephanie Swartz

25 E. 1st Street, Des Moines, IA 50315 dmpdyouth@dmgov.org / 515-313-5305