



City of Folsom – Parks & Recreation

Youth Sports Activities

Waiver, Release of Liability, Assumption of Risk,
and Hold Harmless Agreement – **Season 2025**

Team Name: _____

Player's Name: _____

Parent/Guardian Names: _____

Home Address: _____ City: _____ Zip: _____

Email: _____

Day Phone: _____ Evening: _____ Cell: _____

Medical/Insurance Coverage: _____ Birth Date: _____

Name of Program or Activity and Age Group or Team: _____

I understand that participation in Youth Sports Activities ("Activities") involves certain inherent risks, including the potential for death, serious injury, or property loss or damage. The risks include, but are not limited to, those caused by terrain and natural and manmade site conditions; exposure to natural elements, temperature and weather conditions; actions of others including, but not limited to participants, volunteers, spectators, league officials, or sponsors; lack of hydration; use of sporting equipment; and other hazards, known or unknown. I affirm that my child is in good health, physically able to perform the activities, and I have not been advised against my child's participation by a qualified medical professional. **My child is voluntarily participating in the Activities and as the parent or legal guardian, I agree to assume all risks associated with my child's participation in the Activities.**

I understand and agree that this document shall be construed broadly to provide a waiver, release of liability, assumption of risk, and hold harmless agreement to the maximum extent permitted by law. I understand that by signing this document I am freeing the City of Folsom, its officers, agents, employees, volunteers, and the owners and maintainers of any facility used for the Activities from any liability resulting from my child's participation in the Activities. I understand that if my child is injured, this document will be used against me and anyone else claiming injury or damage in any legal action because of my child's injury.

For and in consideration of my child's participation in any City of Folsom Youth Sports Activities, on behalf of myself, my child, my executors, administrators, heirs, next of kin, successors, assigns, and representatives, I agree to: (A) Protect, defend, indemnify, and hold harmless the City of Folsom, its officers, agents, employees, volunteers, and the owners and maintainers of any facility used for the Activities from and against any and all claims or causes of action for death, personal injury, or property

loss or damage arising out of, resulting from, or in any way related to my child's participation in the Activities; (B) Waive, release from all liability, and forever discharge the entities and individuals mentioned above from any and all claims and demands of any kind, nature, and description whatsoever, and any and all liabilities, damages, injuries, actions or causes of action, either at law or in equity, which my child or I have or may have in the future arising out of or in any way related to or connected with my child's participation in the Activities. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them or because of their possible liability without fault. I acknowledge and agree that this release applies to all claims for death, injury, damage, or loss to my or my child's person and property, whether known or unknown, foreseen or unforeseen, patent or latent, and I hereby waive application of California Civil Code Section 1542 on behalf of myself and or my child. I understand and acknowledge that the significance and consequence of this waiver is that even if my child and/or I should eventually suffer injury, loss or damages arising out of participation in the Activities, neither my child nor I will be able to make any claim for those damages. I acknowledge that I intend these consequences even as to claims for damages that may exist as of the date of this release but which I do not know exist, and which, if known, would materially affect my decision to execute this release. I certify that I have read the following provisions of California Civil Code Section 1542: **"A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor"** and indicate that fact by placing my initials here: (Initials).

I also acknowledge by my signature below that I have received and read the **"Heads Up Concussion"** fact sheet and the **"Sudden Cardiac Arrest Information Sheet"** attached to this Agreement.

I have carefully read this entire two-page Agreement and understand its terms and their legal significance. This waiver, release and indemnification is freely and voluntarily given with the understanding that any rights I may waive herein are knowingly given up in return for allowing my participation in these Activities. My signature is intended not only to bind myself, but all successors, heirs, representatives, administrators, and assigns that I may have. No oral representations, statements or inducements apart from this written agreement have been made.

PHOTOGRAPHY/VIDEO NOTE: By signing this waiver, I understand that city staff may photograph/video my minor children and that the city may use such photographs/videos to promote city programs now and in the future. I expressly allow, and hereby waive any objection to, the city's photographing/videoing my minor child(ren) when my minor child(ren) are participating in a city recreation program or activity. I understand all photos/videos will remain the property of the City of Folsom Parks & Recreation Department.

I certify that I have personally read and understand the foregoing.

Signature: _____ Date: _____

Participant or Parent/Guardian if Participant is under 18

Print Name: _____

Participant or Parent/Guardian if Participant is under 18

Minor's Name: _____

CONCUSSION FACT SHEET FOR PARENTS



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY PARENTS/ GUARDIANS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes



DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. SEEK MEDICAL ATTENTION RIGHT AWAY

A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

2. KEEP YOUR CHILD OUT OF PLAY.

Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon - while the brain is still healing - risk a greater chance of having a second concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION.

Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

HOW CAN I HELP MY CHILD RETURN TO SCHOOL SAFELY AFTER A CONCUSSION?

Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer

Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. As your child's symptoms decrease, the extra help or support can be removed gradually.

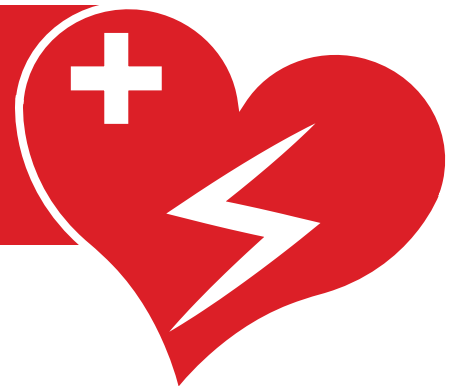


JOIN THE CONVERSATION ➡ www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](https://www.cdc.gov/concussion)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

Cardiac Arrest: An Important Public Health Issue



Cardiac arrest is a public health issue with **widespread incidence** and **severe impact** on human health and well-being. There are several recommended **strategies for prevention** and control.

Incidence



In 2015, approximately **357,000** people experienced out-of-hospital cardiac arrest (OHCA) in the United States.



Approximately **209,000** people are treated for in-hospital cardiac arrest (IHCA) each year.

Impact

Mortality:
70%–90%



Approximately 70%–90% of individuals with OHCA die before reaching the hospital.



Morbidity: Those who survive cardiac arrest are likely to suffer from injury to the brain and nervous system and other physical ailments. Additionally, nearly half of OHCA survivors suffer psychological distress such as anxiety, post traumatic stress disorder, and depression.

Economic Impact



Societal Cost: The estimated burden to society of death from cardiac arrest is 2 million years of life lost for men and 1.3 million years for women, greater than estimates for all individual cancers and most leading causes of death.

Prevention



Early intervention by CPR and defibrillation: Early, high-quality CPR, including compression only CPR, and use of automated external defibrillators (AEDs) immediately following cardiac arrest can reduce morbidity and save lives.



Clinical prevention: For patients at high risk, implantable cardioverter defibrillators and pharmacologic therapies can prevent cardiac arrest.



Other early interventions: Depending on the cause of the cardiac arrest, other interventions such as cold therapy and administering antidote to toxin-related cardiac arrest can reduce mortality and long-term side effects.



What Is Public Health's Role in Cardiac Arrest?

The public health community can implement strategies to prevent and control cardiac arrest. Making progress will require engagement and collaboration between CDC and key partners, including national partners, state programs, researchers, and many others.

Public Health Strategies:

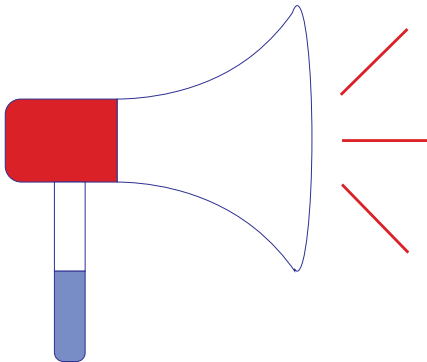


Improved Surveillance

Directing effective cardiac arrest programs requires monitoring of trends over time and across environmental conditions. Improved surveillance could enhance our ability to identify and compare incidence rates, effective treatments, and groups at elevated risk.

Proposed or promising approaches include the following:

- ⚡ Develop and implement unique diagnostic codes for out-of-hospital cardiac arrest (OHCA) and in-hospital cardiac arrest (IHCA).
- ⚡ Classify OHCA and its outcomes as reportable events.
- ⚡ Support a national registry.

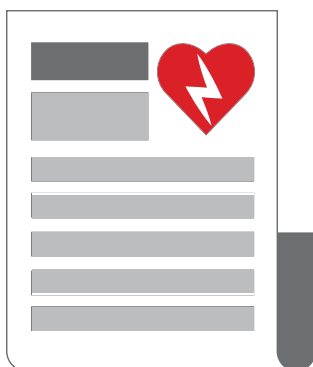


Increasing Public Awareness of Cardiac Arrest, CPR, and AED

Advocacy groups have called for a "culture of action" surrounding cardiac arrest that would require widespread public awareness.

Proposed or promising approaches include the following:

- ⚡ Raise awareness about the difference between cardiac arrest and heart attack.
- ⚡ Educate the community on CPR and AED use.
- ⚡ Dispell common myths that cause bystanders to delay intervening in sudden cardiac arrest.



Encouraging Public Access Defibrillation (PAD) Policies that Promote Effective Use of AEDs

Efforts are needed to improve the availability of AEDs, public awareness of their locations, and access to them.

Proposed or promising approaches for AED placement include the following:

- ⚡ Schools
- ⚡ Casinos
- ⚡ Sports facilities
- ⚡ Airports
- ⚡ Churches