

3. LIABILITY INSURANCE INFORMATION

Insured _____ Name _____ Producer _____ Name _____ (_____) _____ Phone _____

Insurer _____ Policy # _____

Amount of Coverage _____ Accidental _____ Catastrophic Accidental _____

Coverage's: Commercial General Liability Participants Liability Excess Liability

4. EMERGENCY CONTACT

Name _____ Relationship _____
First Last

Phones _____
Home Phone Work Phone Cell Phone

5. PAYMENT INFORMATION

Fees \$ _____ Deposit \$ _____

Check Amount \$ _____ Check # _____ Cash \$ _____

Type of Credit Card Visa Credit Card/Debit Card *** Master Card American Express

Credit Card # _____ Expiration Date: _____

ACCESSIBILITY: The City of Oakland, Office of Parks and Recreation (OPR) is fully committed to compliance with provisions of the Americans with Disabilities Act. Please direct all inquiries concerning program and disability accommodations to the OPR Inclusive Recreation Coordinator at (510) 615-5755 or smeans@oaklandnet.com. TDD callers please dial (510) 615-5883.

TITLE VI COMPLIANCE AGAINST DISCRIMINATION 43CFR 17.6 (b): Federal and City of Oakland regulations strictly prohibit discrimination on the basis of race, color, national origin, age, handicap, gender, sexual orientation, AIDS or ARC.

RELEASE WAIVER

I hereby release and hold harmless the City of Oakland and the Office of Parks and Recreation, its directors, officers, employees, agents and all other persons acting on its behalf, from any and all causes of action, liability, damage, loss, and expense, including attorney fees and court costs, whether based upon causes of action for strict liability, negligence, gross or otherwise, in connection with the participation of me or my child in any activity conducted by the Office of Parks and Recreation, whether on its premises or elsewhere. This release is made in all my legal capacities, including on my own behalf, and on the behalf of my spouse and any other parent or guardian of the reservation, and as legal representative and guardian of the reservation.

AUTHORIZATION FOR MEDICAL TREATMENT

I hereby consent and authorize the City of Oakland and the Office of Parks and Recreation staff to obtain emergency medical care for myself or my child for any injury that may result from participation in the activities and facilities of the Office of Parks and Recreation or on or about its premises. I understand that the City of Oakland, the Office of Parks and Recreation do not provide medical coverage for participants of programs or at reserved facilities.

Signature Print Name Driver License #/Expiration Date

CANCELLATION FEES: I am aware that once my credit card is charged the cancellation fees will apply.
31 days or more notice: Forfeit 1/2 Deposit or Rental Fee, whichever less
30 days or less notice: Forfeit 1/2 Deposit or Rental Fee, whichever is more

This application must be submitted two weeks prior to the date facilities are desired if requesting time when facilities are under jurisdiction of the Central Reservations and Sports Unit. The filing of this application does not constitute a permit. Certification of insurance is required for all events.

- * For groups of 49 people or more, the Parks and Recreation cannot issue permits for a facility, parks or picnic use without verification of a Special Events Permit issued by the Oakland Police Department. Without these permits the Police have the authority to ask your group to disband. Info: (510) 238-3154.
- ** When reserving multiple tennis courts, there must be at least one open court for public use.
- *** Debit Cards can only be accepted if they have the Visa or MasterCard symbols on the card.

Please mail/fax this application to: Frederick Morris c/o Field Reservations 250 Frank H. Ogawa Plaza, Suite 3330 Oakland, California 94612 (510) 238-3494 Phone, (510) 238-2346 Fax	OFFICE USE ONLY			
	Rec'd By: _____ <input type="checkbox"/> Approved <input type="checkbox"/> \$150 Deposit <input type="checkbox"/> Fees \$ _____ <input type="checkbox"/> Denied <input type="checkbox"/> \$500 Deposit <input type="checkbox"/> \$30 Field Preparation	Date: _____ <input type="checkbox"/> Scoreboard <input type="checkbox"/> Insurance <input type="checkbox"/> Adult <input type="checkbox"/> Lights <input type="checkbox"/> Youth	Special Use Permit: _____	