

—Please complete both sides— Revised: January 4, 2005

4. MEDICAL INFORMATION (for Member)

Doctor _____ Clinic/Office Phones _____

Doctor Clinic After Hours

Medical Insurance Carrier Policy # _____

Please explain medical or special needs: Allergies Medications Physical limitations Diet Restrictions

ACCESSIBILITY: The City of Oakland Office of Parks and Recreation (OPR) is fully committed to compliance with the Americans with Disabilities Act. Please direct all inquiries concerning program and disability accommodation to Council Member Desley Brooks’ office at (510) 238-7006.

Please describe below special accommodations you or your child need to participate:

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.

5. OTHER EMERGENCY CONTACT

Name _____ Relationship _____
Last First

Phones _____
Home Phone Work Phone Cell Phone

6. RELEASE WAIVER

I have read and understood the Community Gardening Membership Rules and Regulations. I hereby release and hold harmless the City of Oakland, Oakland Unified School District and the Office of Councilmember Desley Brooks, 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 City of Oakland, Oakland Unified School District and the Office of Councilmember Desley Brooks, 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 member, and as legal representative and guardian of the member.

7. AUTHORIZATION FOR MEDICAL TREATMENT

I hereby consent and authorize the City of Oakland, Oakland Unified School District and Office of Councilmember Desley Brooks’ staff to obtain emergency medical care for myself or my child for any injury which may result from participation in the activities of the Office of Councilmember Desley Brooks and the Oakland Unified School District or on or about its premises. I understand that the City of Oakland, the Office of Parks and Recreation do not provide medical insurance coverage for participants of this program.

This form must be signed by an adult (over age 18), either the enrollee or the legal parent or guardian.
Signature of Member (or Parent/Guardian if member is under 18) Date

8. PAYMENT INFORMATION:

AMOUNT ENCLOSED _____

Check: # _____ Please make checks payable to City of Oakland

*Please submit this form together with payment and mail to:
District 6 Community Gardening Program, 150 Frank Ogawa Plaza, 2nd Fl.,
Oakland, CA 94612- Before sending in your registration, please call (510) 238-7006 first for space
availability.*