

## ATTENDANT OR GUEST AGREEMENT TRIPS TRANSPORTATION SERVICES

## PRINT NAME OF REGISTERED TRIPS PARTICIPANT

l,	, agree to indemnify and hold harmless
ATTENDANT OR GUEST	
the City of Irvine and its officers, agents, or employed	es from any liability, claim, or action from
damages resulting from or in any way arising out of	the participation of this activity. I hereby
consent to treatment of myself to any and all medio	cal care deemed necessary by a qualified
physician as a result of accident or injury. I further ag	gree to pay any and all costs incurred as a
result of said treatment.	

## ATTENDANT OR GUEST INFORMATION PRINT ATTENDANT/GUEST NAME RELATIONSHIP TO PARTICIPANT

ATTENDANT/GUEST ADDRESS	PHONE	
CITY	STATE	ZIP
ATTENDANT OR GUEST SIGNATURE	DATE	