



Alameda Recreation and Park Department
2226 Santa Clara Avenue, Alameda, CA 94501
(510) 747-7529—arpd@alamedaca.gov

PARK T-SHIRTS FOR SALE!



COST: \$15 PER SHIRT

AVAILABLE SIZES:

- YOUTH LARGE
- ADULT SMALL
- ADULT MEDIUM
- ADULT LARGE
- ADULT XL
- ADULT 2XL

Additional sizes and other park t-shirts will
be available by special order only

T-shirt colors subject to change

Cash, Check (payable to ARPD) or
Discover/MasterCard/VISA Accepted

**Parks
Make
Life
Better!**



Park T-Shirt Order Form

Online: www.arpdeplay.com Email: ARPD@alamedaca.gov

In Person or Mail: **Alameda Recreation and Park Department Main Office**
2226 Santa Clara Ave, Alameda, CA 94501

CONTACT INFORMATION

Last Name _____ First Name _____
 Address _____ City _____ Zip _____
 Phone _____
 Home Work Cell
 Email Address _____

PARK T-SHIRT – CLASS #12826

<input type="checkbox"/> YOUTH LARGE Park Site _____ # of Shirts _____ @ \$15/shirt = \$ _____ <input type="checkbox"/> ADULT SMALL..... Park Site _____ # of Shirts _____ @ \$15/shirt = \$ _____ <input type="checkbox"/> ADULT MEDIUM .. Park Site _____ # of Shirts _____ @ \$15/shirt = \$ _____ <input type="checkbox"/> ADULT LARGE Park Site _____ # of Shirts _____ @ \$15/shirt = \$ _____ <input type="checkbox"/> ADULT X-LARGE.... Park Site _____ # of Shirts _____ @ \$15/shirt = \$ _____ <input type="checkbox"/> ADULT 2XL..... Park Site _____ # of Shirts _____ @ \$15/shirt = \$ _____ <p style="text-align: right;">TOTAL FEES ENCLOSED: \$ _____</p>	Additional sizes will be available by special order only. Please contact ARPD Staff for more information.
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LIABILITY WAIVER

1. Undersigned hereby releases, waives and discharges the City of Alameda, its directors, employees, agents and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its directors, officers, employees, agents, and independent contractors.
2. Undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage, whether or not it is due to the negligence of the City of Alameda, its directors, employees, agents and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment or program transportation thereon.

PHOTO CONSENT: Undersigned authorizes the City of Alameda to use your (or child's/ward's) photograph in any future educational and/or community informational purposes, (including, but not limited to the website, Activity Guide or social media) produced by the City of Alameda.

Check here if you do not give photographic consent.

CONSENT TO TREAT: I hereby give my consent for the City of Alameda staff to take me (or my child/ward) to the appropriate medical services and give appropriate medical authorization in the event that I cannot be immediately contacted. It is understood that the cost thereof will be at my expense.

Check here if I do not consent to treat and I request that medical or surgical services be withheld.

Undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representation, statements or inducement apart from the foregoing written agreement has been made.

 Participant Parent/Guardian

Signature _____ Date _____

Cash Check (payable to ARPD)

Discover/VISA/MasterCard (Circle One) Credit Card # _____ Exp. Date _____

Name on Card _____ Signature _____

Address on Card _____

By signing, I authorize the City of Alameda to charge my credit card for the activity costs listed above.