

EXPLORE



CALABASAS HIKE PROGRAM



MEET YOUR HIKE GUIDES
DON, SAMANTHA AND HELENE

HIKES START AT 6:45AM

AGES 18YRS+

SORRY, NO PETS

HIKE CAPACITY 25



REGISTRATION
OPENS 8/19
FOR SEPT.-NOV.

REGISTER TODAY AT CALABASASREG.ORG

SATURDAY, AUGUST 10TH REGISTER TODAY!

CALABASAS PEAK MOTORWAY

1698 STUNT RD. CALABASAS

BEGINNER HIKE 3.7 MILES/2-3 HOURS



SATURDAY, SEPTEMBER 14TH REGISTER 8/19

CALABASAS DE ANZA LOOP

3701 LOST HILLS RD. CALABASAS

BEGINNER-INTERMEDIATE HIKE 5 MILES/2.5-3.5 HOURS



hikespeak.com



SATURDAY, OCTOBER 12TH REGISTER 8/19

MESA PEAK TRAIL

1925 LAS VIRGENES RD. CALABASAS

BEGINNER-INTERMEDIATE 5 MILES/2.5-3.5 HOURS



SATURDAY, NOVEMBER 9TH REGISTER 8/19

CHESEBORO CANYON

5792 CHESEBRO RD. CALABASAS

*UPPER LOT

BEGINNER-INTERMEDIATE 6-10 MILES/3-4 HOURS



hikespeak.com

HIGHLY RECOMMENDED:
1-2 LITERS OF WATER/SNACKS
SUN BLOCK, HAT,
SUNGLASSES,
ANY/ALL EMERGENCY
MEDICATIONS
(INHALER, EPI-PEN)

**PLEASE NOTE SOME TRAILS
MAY NOT HAVE CELL SERVICE
AVAILABLE.**

OPTIONAL: LIP BALM, BUG SPRAY, GOOD GRIPPING HIKING SHOES, OPTIONAL HIKING POLE

FOR MORE INFORMATION PLEASE CALL:

THE CALABASAS TENNIS AND SWIM CENTER (818) 222-2782 OR THE CALABASAS COMMUNITY CENTER (818) 479-8180



CITYOFCALABASAS.COM/COMMUNITYSERVICES
COMMUNITYSERVICESINFO@CITYOFCALABASAS.COM

Adult's Name: _____

Address: _____ City & Zip: _____

Home Phone: _____ Cell Phone: _____

Yes, I will accept text messages from the city in case of emergency. Cell phone carrier company: _____

Email address: _____

***EMERGENCY CONTACT:** _____ **RELATION:** _____

***EMERGENCY CONTACT PHONE NUMBER:** _____

City of Calabasas Waiver

The undersigned hereby agrees to defend, indemnify, and hold harmless the City of Calabasas and its officers, employees and agents from and against any and all loss, liability charges and expenses (including attorney's fees) and cost which may arise by reason of participation in any program. (The City does not provide accident, medical, liability, workers' compensation insurance or any other insurance for program participants). As parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I agree to carefully inspect and satisfy for myself that the facilities provided are reasonably safe for their intended use. Once having conducted the inspection, I agree to expressly assume the risk of participating at the premises. I understand the City retains the right to use photos taken during activities for publicity purposes. Communicable diseases are illnesses caused by viruses or bacteria that spread from person to person, animal to person, or from a surface or a food. These diseases can be transmitted through contact with contaminated surfaces, bodily fluids, blood products, insect bites, or through the air. All participants in recreational activities must comply with all safety and preventative measures put in place by the City to reduce the spread of communicable diseases. Safety measures are subject to change or revision in accordance with state and local guidance. By signing this agreement, I represent that I will adhere to all the applicable communicable diseases preventive measures required by the City of Calabasas and other applicable governments. Further, on my behalf, by signing this agreement, I acknowledge the contagious nature of communicable diseases and voluntarily assume the risk that I may be exposed to or infected to such diseases by participating in recreational activities/training/rentals and that such exposure or infection may result in personal injury, illness, permanent disability, and death. Further, on my behalf, I hereby release, waive, covenant not to sue, discharge, and hold harmless the City of Calabasas, its employees, agents, and representatives, of and from any such liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the City, its employees, agents, and representatives.

In consideration of my ("I", "my", or "myself") and/or on behalf of my child/ward's (each a Ward") participation as a guest of the Calabasas Tennis and Swim Center ("the Center") and any activity, program, sponsored event of the Center ("program"), whether at the Center's premises or off-site, I, on behalf of myself and Ward, acknowledge, accept, and agree to the terms in this section. I agree to defend, indemnify, and hold harmless the City of Calabasas and its officers, employees and agents from and against any and all loss, liability charges and expenses (including attorney's fees) and cost which may arise by reason of participation in any or program (collectively "program" or "programs") provided by the Tennis and Swim Center (Center). (The City does not provide accident, medical, liability, workers' compensation insurance or any other insurance for program participants). In the event of injury while participating in any and all activities associated with the Center, I consent for me and my Ward to receive any emergency medical aid, anesthesia, and/or medical treatment or operation if, in the opinion of the attending physician, such treatment is necessary as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I agree to carefully inspect and satisfy for myself that the facilities provided are reasonably safe for their intended use. Once having conducted the inspection, I agree to expressly assume the risk of participating in Center programs. I understand that my participation in any program with the Center is voluntary. While I understand that the City has taken all reasonable steps to promote my safety and that particular rules, equipment and/or personal discipline may reduce these risks, the risk of injury does exist. I recognize that the program(s) provided at this facility involve physical activity and may carry a risk of personal injury. I further recognize that there are natural and manmade hazards, environmental conditions, diseases, and other risks, which in combination with my actions can cause injury to me. I hereby agree to assume all risks which may be associated with or may result from my participation in any Center program, including, but not limited to, weight lifting, swimming, cycling, running, tennis, and other similar activities. I knowingly and voluntarily agree to comply with any stated customary terms and conditions which have been made available to me for my participation in a program and any instruction given by Center officials. If, however, I observe an unusual and/or significant hazard during my presence at the Center, including during an off-site program, I will remove myself and/or my Ward from participation and bring such hazard to the attention of the nearest Center official. The Center reserves the right, in their sole discretion, to postpone, cancel, or modify programs due to any factor beyond the control of the Center that may affect the health and/or safety of participants. I understand the City retains the right to use photos taken during activities for publicity purposes. Communicable diseases are illnesses caused by viruses or bacteria that spread from person to person, animal to person, or from a surface or a food. These diseases can be transmitted through contact with contaminated surfaces, bodily fluids, blood products, insect bites, or through the air. All participants in recreational activities must comply with all safety and preventative measures put in place by the City to reduce the spread of communicable diseases. Safety measures are subject to change or revision in accordance with state and local guidance. By signing this agreement, I represent that I will adhere to all the applicable communicable diseases preventive measures required by the City of Calabasas and other applicable governments. Further, on my behalf, by signing this agreement, I acknowledge the contagious nature of communicable diseases and voluntarily assume the risk that I may be exposed to or infected to such diseases by participating in

City of Calabasas Waiver Continued:

recreational activities/training/rentals and that such exposure or infection may result in personal injury, illness, permanent disability, and death. Further, on my behalf, release, waive, covenant not to sue, discharge, and hold harmless the City of Calabasas, its employees, agents, and representatives, of and from any such liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the City, its employees, agents, and representatives.

PARTICIPANT/RELEASOR

PARENT OR GUARDIAN (IF MINOR PARTICIPANT)

Printed First and Last Name

Printed First and Last Name

Signature

Date

Signature

Date

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND DATE THIS FORM WHERE INDICATED.

Please indicate if this participant has special needs:

Other Needs: _____



CITY OF CALABASAS

Addendum Release and Waiver of Liability

Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing.

All participants in recreational activities must comply with all safety and preventative measures put in place by the city to reduce the spread of COVID-19. Safety measures are subject to change or revision in accordance with state and local guidance.

By signing this agreement, I represent that I will adhere to all the applicable COVID-19 preventive measures required by the City of Calabasas and other applicable governments. Further, on my behalf, by signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in recreation activities/training/rentals and that such exposure or infection may result in personal injury, illness, permanent disability, and death. Further, on my behalf, I hereby release, waive, covenant not to sue, discharge, and hold harmless the City of Calabasas, its employees, agents, and representatives, of and from any such liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the city, its employees, agents, and representatives.

Adult/Parent Signature:

Date:

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COMMUNITYSERVICESINFO@CITYOFCALABASAS.COM

