



TRIPS TRANSPORTATION SERVICES PARTICIPANT AGREEMENT

I, _____, agree to indemnify and hold harmless
PARTICIPANT NAME
the City of Irvine and its officers, agents, or employees from any liability, claim, or action from
damages resulting from or in any way arising out of the participation of the activity. I hereby
consent to treatment of myself to any and all medical care deemed necessary by a qualified
physician as a result of accident or injury. I further agree to pay any and all costs incurred as a
result of said treatment.

PARTICIPANT SIGNATURE

DATE

ADDRESS

PHONE

CITY

STATE

ZIP