

C. V. Starr Community Center Registration Form



Class Name: _____

Dates: _____ Day of Week: _____ Time: _____

Participant's Name _____ D.O.B. _____ EMAIL _____

Street Address _____

Mailing Address _____

Parent Name: _____ Parent Contact #: _____

EMERGENCY CONTACT Name and Phone # _____

Allergies or Medical Conditions that we should know about: _____

AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the above district to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above district and the city of Fort Bragg CA (their officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above person or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

PARENTAL CONSENT:(to be completed and signed by parent/guardian if applicant is under 18 years of age.) I hereby consent that my son/daughter, _____, participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity. Photographic Release: I understand that photographs may be taken of my child(ren) during this said event above and give the district permission to use any such photo(s) for advertising or in promotional materials.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.

(Signature)

(Name Printed)

(Date)

Additional information: If a refund is desired MCRPD must be notified 3 days prior to the start of the activity/class. No refund after a program has commenced. Late enrollees for a class must pay entire fee; classes are not prorated. No make-ups or credits will be given for missed classes. Registration is on a first come first served basis.