

REGISTRATION FORM AND WAIVER

ADULT / PARENT / GUARDIAN _____ EMAIL _____

ADDRESS _____ PHONE (MAIN) _____

CITY _____ ZIP _____ PHONE (ALTERNATE) _____

EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE _____

PARTICIPANT'S NAME	DATE OF BIRTH	CLASS NAME	SESSION DATES	FEE
TOTAL DUE				

Register with Visa or Mastercard online at www.amrpd.org or by phone, 916-487-7851. To register in person using cash, check, Visa or Mastercard please visit:
 Arden Manor Recreation & Park District Office, 1415 Rushden Drive, Sacramento, CA 95864

Visa Mastercard Cash Check # _____ Payment Date _____ Receipt # _____ Staff _____

AGREEMENT, WAIVER & RELEASE

I have carefully read description of class(es) / program(s) for which I am/we are registering and in consideration for being permitted by the Arden Manor Recreation and Park 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 Arden Manor Recreation and Park District (its officers, officials, employees, and volunteers) 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 persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activity.

PARENTAL CONSENT (Must be completed and signed by parent/guardian if participant(s) is under 18 years of age.)

I hereby consent that _____ participate in the activity(ies) listed above, 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 harmless the persons and entities mentioned above, free and harmless from any loss, liability, damage, cost, or expense, which may occur as a result of death or injury, or property damage, that said minor may sustain, while participating in said activity.

DISCLAIMER

Registration fees will not be refunded or adjusted should the participant fail to attend a class or program. Refunds will be issued in the event that a class or program is canceled. All registration fees must be paid in full at the time of registration unless otherwise specified in the class or program description. Partial payments will not be accepted. I understand the District staff reserves the right to photograph activities, events, and participants for potential future use. I hereby grant permission to the District to use my or my participant's photograph for any lawful purpose such as publicity, advertising, and website entries. I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ARDEN MANOR RECREATION AND PARK DISTRICT AND I SIGN IT OF MY FREE WILL.

Adult / Parent / Guardian Signature _____ Date _____

