

CITY OF YUCAIPA COMMUNITY SERVICES DEPARTMENT
ACTIVITY REGISTRATION FORM
 (One Participant Per Form)

Date _____

Participant Name _____ Birth Date _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian Name _____ Email Address _____

Full Address _____

Class ID Number	Class Name	Class Fee

In consideration of the acceptance of my enrollment into the above event, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the City of Yucaipa as a result of my participation in the event. This release is intended to discharge the City of Yucaipa, its officers, officials, employees and volunteers, any other involved municipalities or public agencies from and against any and all liability arising out of or connected in any way with my participation in the event, even though that liability may arise out of the negligence or carelessness on the part of persons or cities mentioned above. I further understand that accidents and injuries can arise out of the event; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who [through negligence or carelessness] might otherwise be liable to me [or my heirs or assigns] for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Activity Refunds: Full refund/credits are available for courses cancelled by the Department. If a credit is issued, it will be valid for one year from date of issue. There will be no prorating of refunds. Students requesting refunds will be subject to a \$10 service charge. Refund requests must be received prior to the start of the second scheduled class. NO refund requests will be accepted after the completion of the class.

I hereby represent that I understand and am familiar with the nature and inherent risks associated with the activities in which I (or my child) will participate in this recreation program.

 Parent/Guardian Signature

 Date