



# REGISTRATION FORM

(ADULT/ PAYEE) FIRST \_\_\_\_\_ LAST \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ EMAIL \_\_\_\_\_

MAIL RECEIPT       DON'T MAIL RECEIPT       E-MAIL RECEIPT       DON'T EMAIL

PROGRAM UPDATES

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ CELL PH. \_\_\_\_\_

HOME PH. \_\_\_\_\_ WORK PH. \_\_\_\_\_

PARTICIPANT'S NAME FIRST LAST	MALE or FEMALE	BIRTH DATE	ACTIVITY NAME	ACTIVITY #	ACTIVITY FEE
<b>TOTAL FEE</b> →					

### GENERAL RELEASE, WAIVER AND INDEMNITY AGREEMENT

I certify that I am volunteering to participate in the above program(s). I understand that "participation" in the Program may include preparing for, traveling, receiving instruction, and engaging in the Program. I further certify that I am in good health and have no physical or other impediment which would endanger me while participating in the Program. I realize that, by participating in this Program, I will be exposed to a risk of injury or death. In consideration of permitting me to enroll in and participate in the Program, I agree (on behalf of myself, my heirs, executors, administrators, and assigns) to release, discharge, waive and relinquish the City of Agoura Hills (and its officers, agents, employees, and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which arise out of or relate to the Program, whether or not the liability, claim, or action arises out of negligence or carelessness on the part of the City of Agoura Hills (or its officers, agents, employees, or volunteers). I further agree (on behalf of myself, my heirs, executors, administrators, and assigns) to indemnify, defend, and hold harmless the City of Agoura Hills (and its officers, agents, employees, and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which arise out of or relate to my participation in the Program, whether or not the liability, claim, or action arises out of negligence or carelessness on the part of the City of Agoura Hills (or its officers, agents, employees, or volunteers). I understand the dangers incidental to participating in the Program and the need for safety precautions. I have read this General Release, Waiver and Indemnity Agreement and am fully aware of the legal consequences of signing it.

**PARENTAL CONESNT:** (To be completed and signed by parent/guardian if applicant is under 18 years of age.) I certify that I am the parent or legal guardian of the above participant and that I am entitled to his or her custody and control and I do hereby give permission for the Child to participate in the above activity. I further certify that the Child is in good health and has no physical or other impediment which would danger him or her while participating in the Program. I realize that, by participating in this Program, the Child will be exposed to a risk of injury or death. I hereby execute the above Agreement, Waiver, and Release of his/her behalf. I understand the dangers incidental to participating in the Program and the need for safety precautions and I have discussed the dangers of the program and the need for safety precautions with the child.

Individuals with disabilities requiring any accommodations to participate in the program in which you are registering must inform the City of Agoura Hills Department of Community Services at the time of the registration is submitted. Individuals needing such accommodations must document the need for such accommodations including the type and extent of accommodations to complete the registration form or participate in the registered programs.

The Department of Community Services has the right to refuse a participant in any program or activity who violates the standard rules of conduct for city programs, or whose behavior while participating is, in the sole judgment of city personnel, otherwise detrimental to the safety and/or enjoyment of other participants.

I have read and understand the general release, waiver and indemnity agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Total Fee \_\_\_\_\_

#### FOR OFFICE USE

Date/Time Registered \_\_\_\_\_ Staff Name \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

VISA     MASTERCARD     DISCOVER    3 Digit Security Code on the Back of Card \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Cardholder's phone number \_\_\_\_\_

Cardholder's Address \_\_\_\_\_