



# REGISTRATION

## Adult Name and Information



First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Check here if any information has changed.

Check here to donate \$5 to the Youth Scholarship Fund

Last Name:

Activity #	Activity Name	Participant's Name	Date of Birth	Gender M/F	Fee	Payment/Receipt #

**Medical Release.** I, the undersigned parent/legal guardian of the undersigned minor participant ("Participant"), authorize the City Recreation staff to take whatever actions may be necessary to obtain emergency medical care if warranted. These actions may include, but not be limited to, the following: Attempting to contact parent or legal guardian, Attempting to contact parent or legal guardian through any of the persons listed above, calling 911 for assistance and have Participant transported by ambulance to a hospital if recommended by emergency personnel.

I, the parent/ legal guardian of Participant, hereby further authorize any physician or medical staff of licensed hospital to provide treatment as is necessary until I can be notified. I understand this authorization is given in advance of any treatment being required.

**Release, Hold Harmless and Assumption of Risk.** Participant desires to participate in the recreational activities described herein and other activities related thereto (the "Activities"). Participant, and his or her parent or legal guardian, if participant is under 18 years old, recognizes that the Activities are hazardous and understand the risks and dangers associated with participation in the Activities, including but not limited to, communicable diseases, illnesses, viruses, bodily injury, disability, paralysis and death. The undersigned accept and assume such risks and responsibilities however caused or alleged to be caused by any party with the exception of those risks caused by gross negligence, fraud, willful misconduct or violation of law. In consideration for Participant being permitted to participate in the Activities, each of the undersigned hereby waives, releases, discharges, indemnifies and holds harmless the City of Ojai, its boards and commissions, employees, agents and any other related parties ("City"), from any and all claims for damages for wrongful death, personal injury, or property damage arising out of Participant's participation in the Activities and caused by negligence (passive or active), strict liability or otherwise (except for such injury, wrongful death or property damage caused by City's gross negligence, fraud, willful misconduct or violation of law). This release is intended to be binding on each of the undersigned's heirs, beneficiaries, personal representatives, next of kin, spouse and assigns. I/We have read the above waiver, have been fully and completely advised of the potential danger incidental to engaging in the Activities, are fully aware of the legal consequences of signing this waiver and have signed it voluntarily.

**Media Release.** I, the undersigned parent/legal guardian of the undersigned minor participant ("Participant"), give permission to the City of Ojai to photograph, film and/or tape by any method my participation in such activities and to use, reproduce, exhibit and publish my photograph in any manner and in all media, publications, advertising and publicity.

**Activity Refund Policy.** There will be a \$5 service charge on ALL requested refunds. Absolutely no refunds will be granted after the second class. If a class is cancelled by the Recreation Department, an automatic refund will be processed with no service charge and mailed to you. A credit voucher can be issued for the full amount and is valid for 1 year. Activities that do not reach the minimum enrollment requirement will be cancelled and a refund and or credit will be issued. There is a \$28.50 returned check fee. Financial assistance is available.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Legal Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Participant