La Palma Community Services Department

PROGRAM REGISTRATION FORM & WAIVER

Online registration available at:
cityoflapalma.org/classes

Adult/Guardian LAST Name		Adult/Guardian FIRST Name	
Address	**Apt #**	**City**	**Zip Code**
Day Phone	**Cell Phone**	**E-Mail**	
Emergency Contact Name	**Emergency Contact Number**	**Relationship to Participant**	

Class Code #	Class Name	Participant Name	Birth Date	Age	Sex	Fee
	Non-residents add an additional fee $7 Per Class:					
					TOTAL PAID	

WAIVER, RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE

I, _____ (FULL NAME), fully understand that my participation in any City of La Palma Community Services program (hereinafter "event/class") exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, or property damage. I hereby acknowledge that I am voluntarily participating in this event/class and agree to fully assume any such risks.

To the fullest extent permitted by law, I hereby release, discharge and agree not to sue the City of La Palma, including its officers, officials, employees, representatives, attorneys and agents (collectively the "City") for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the event/class from whatever cause, including the active or passive negligence of the City or any other participants in the event/class. The parties to this agreement understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision.

In consideration for being permitted to participate in the event/class, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of La Palma from any and all liabilities, claims, actions, suits, losses, costs and expenses (including reasonable attorneys and experts fees and court costs) of any kind ("Claims") arising out of or in connection with my participation in the event/class by the person(s) registered.

Furthermore, I give the City permission to use any related pictures, videos, or electronic images, sounds, etc., in the City's promotional materials.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

_____ _____

Signature of Parent / Legal Guardian (*If under age 18*) Date

DECLARATION (Only if participant is a minor)

I, _____ (FULL NAME), declare under penalty of perjury under the laws of the State of California that I am the parent or legal guardian of the minor participant identified above ("Minor"). I further declare that I shall indemnify and hold harmless the City from and against any and all Claims resulting from, incident to, or arising out of Minor's participation in the event/class, any and all risks assumed by Minor and me above, and/or the breach of any promises, covenants, and/or representations made by me herein and/or in the above agreement.

In addition to the above, I, the undersigned parent or legal guardian of the aforementioned Minor, do here authorize, consent to, and agree I am responsible for all costs of any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Protection Act or a current license to operate a hospital from the State of California Department of Health, and any transportation deemed advisable hereunder to medical care facilities. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in their exercise of his or her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached.

By: _____ Name: _____

Signature of Parent / Legal Guardian Printed Name of Parent / Legal Guardian

REFUNDS Requests for refunds will be honored by Recreation and Community Services only if they are made prior to the start of the second class meeting for session classes or prior to the start of the first class for single-day activities. An $11 processing charge, per transaction receipt, will be deducted from ALL requested refunds. A full refund will be made only when a class or program is filled or cancelled by Community Services. All accounts with credit balances as of June 30 annually will be returned in the form of check to your address on file.

Refund request applications must be submitted in-person or can be found online at cityoflapalma.org/classes and submitted via email to recreation@cityoflapalma.org