

CAMPBELL RECREATION REGISTRATION FORM

PLEASE PRINT CLEARLY (Form may be duplicated, only same family members on each form)

PRIMARY CONTACT (ADULT)

FIRST NAME _____ LAST NAME _____

RESIDENTIAL ADDRESS _____

CITY _____ ZIP _____ EMAIL _____

PRIMARY PHONE (____) _____ ALTERNATE PHONE (____) _____

ACTIVITY REGISTRATION

PARTICIPANT NAME First & Last	BIRTHDATE (mm/dd/yy)	GENDER (circle)	ACTIVITY #	ACTIVITY TITLE	FEE
		M F			
		M F			
		M F			
		M F			
		M F			
		M F			

IF YOU HAVE A DISABILITY AND NEED SPECIAL ASSISTANCE, PLEASE CHECK HERE TOTAL FEES \$ _____

PAYMENT

OFFICE USE ONLY: Receipt # _____

CREDIT CARD
 CHECK (payable to "City of Campbell")
 CASH (walk-in only)

NAME ON CREDIT CARD (billing address for credit card must match residential address above)

CREDIT CARD NUMBER (all 16-digits) _____ / _____
EXPIRATION DATE (MM/YY)

Photo/Video Release: I agree to allow the use of my photograph and/or video for program publicity.

Medical Release: Pursuant to the provisions of sections 6910 et seq of the California Family Code, and other applicable laws, I hereby authorize the City of Campbell Recreation and Community Services Department to procure and consent to, medical, hospital or dental care for myself or my child in the event of injury as a result of participation in this program. **Waiver and Release of Liability:** In consideration of my participation, **I hereby release, discharge and covenant not to sue** the City of Campbell and the Campbell Redevelopment Agency, their officers, employees and volunteers, **from any and all present and future claims**, demands, actions, or causes of action resulting from any accidents, injuries, deaths, or loss of and/or damage to my/our person(s) or property arising out of or connected with my/our participation in the above activity(ies) (except for claims legally caused by the sole negligence or willful misconduct of the City or others listed above). **I hereby voluntarily waive any and all claims resulting from negligence**, both present and future, that may be made by me, my family, estate, heirs, or assigns. Further, I am aware that this activity may involve certain risks or possible dangers, including death, and that equipment provided for my protection may be inadequate to prevent serious injury. I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death. I further agree to indemnify and hold harmless the City of Campbell and others listed above for any and all claims arising as a result of my engaging in this activity. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of California and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in California. I affirm that I am of legal age and am freely signing this document. **I have read this form and fully understand that by signing this form, I am giving up legal rights** and/or remedies which may be available to me against the City of Campbell or any of the parties listed above. **Refunds:** Refunds, less a \$10.00 administration fee (per activity, per person) will be given to registered participants who cancel up to 5 business days in advance of a class start date. Cancellations with less than 5 business days notice will not receive a refund.

X _____ Date _____
Signature (Read before signing) Participant Parent Legal Guardian