

2014
CONTRACT CLASSES
 Program Waiver, Emergency Information and Photo Release

PARTICIPANT NAME (Print): _____

I hereby give permission for the above named person to participate in the Community Services Department's _____ Contract Class. I hereby waive, release, and discharge any and all claims of rights to

to _____
(name of class)
 claims for damages for death, personal injury, permanent disability, or property damage which I may have, or accrues to me, as a result of said student's participation in the _____ Contract Class.
(name of class)

I further understand that serious accidents occasionally occur during said activities, and that participants in such activities occasionally sustain mortal or serious personal injuries, and/or property damages, as a consequence thereof. Knowing the risks of said activity, nevertheless, on my own behalf of that of the minor named above, I hereby agree to assume those risks and release and hold harmless to the fullest extent of the law all of the persons and entities 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 binding to my heirs and assigns.

I further understand that I will be financially responsible for any medical assistance provided for my child or for myself in case of an emergency, as the City of El Monte does not provide medical insurance or coverage. I understand that the student named above may be photographed or videotaped during the course of the program, and I give my permission for his/her images or name to be used, without compensation, for the purpose of program promotion. In the event of sudden illness, accident, or injury which may occur while engaged in the above mentioned activity, in which a parent or guardian cannot be contacted, I hereby give my consent pursuant to California Civil Code #25.8 for emergency treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of California.

Date Signed _____ Student's Signature/or Parent/ Guardian* (1) _____

Emergency Contact: _____ Home Phone: _____
Name/Relationship

Cell Phone: _____

REGISTRATION WORKSHEET

Please PRINT all information completely.

Make checks payable to: **CITY OF EL MONTE**

Mail COMPLETE form and liability waiver to:
El Monte Community Services Department
c/o 2013 RECREATION CLASSES
3120 N. TYLER AVENUE
EL MONTE, CA 91731

Refunds: During the first two weeks*(2) of classes only
 and that they may take up to, 2 to 4 weeks to process. Refunds must be requested **IN WRITING, by 5:00 PM on that Thursday.**

Student's First Name _____ Last Name _____ Age _____

Parent/Guardian First Name _____ Last Name _____

_____/_____/_____
 Birth date of Students under age 18 (_____) _____
 Phone Number

Address _____ Street Name _____ Unit # _____ City _____ Zip Code _____

Name of Class _____ Meeting Day _____ Starting Time _____

Beginning Date _____ Name of Instructor _____ Site _____

Fee Paid By: Check # _____ Amount: _____

***Must be signed by a parent/guardian if the student is under the age of 18.**

***Refunds for Polynesian Karate will be the Thursday of the 1st week of class by 5:00 PM.**