Monterey Recreation REGISTRATION

Print Name

546 Dutra Street, Monterey, CA 93940 Phone: (831) 646-3866 Fax: (831) 646-3880 www.monterey.org/rec

Date

Waiver (all classes require the signature of each registering adult or the parent or guardian of any minor(s).) In consideration for being allowed to participate in City of Monterey recreational programs, I, the undersigned, agree to indemnify, hold harmless, and release the City of Monterey, its employees, agents, independent contractors, volunteers, officials, and officers (collectively the "City") from negligence, excepting gross negligence, and any and all liability for any injury which may be suffered by me, my minor child(ren), or any member of my household account (hereinafter collectively the "Household Members") arising out of, or in any way connected to participation in any City sponsored recreational program and agree to refrain from bringing any claim, lawsuit or other proceeding against the City stemming from any such personal injury. I agree to take responsibility to ensure that all Household Members enroll in activities at the appropriate level for their physical abilities and medical conditions and fully understand that I and Household Members assume all risks for any injuries received. I expressly acknowledge that risks, known and unknown, are inherent in recreational programs. I authorize the City of Monterey employees and agents to seek emergency medical care, as they deem necessary, for any Household Member participating in any City sponsored recreational program and agree to be responsible for all costs incurred. I acknowledge that the City may take publicity photographs and/or recordings of any City sponsored activity or event and hereby authorize the use of any Household Member's image for this purpose. If any term, clause, or provision of this Release of Liability shall not be affected thereby, and shall be enforceable to the fullest extent permitted by law. I have read and understand the above agreement and fully assume all risks for any injuries received.

Print Name

□ Participant □ Parent □ Guardian								
Signature (required to register) Date				Second registrant's signature (if two adults are registering on the same form)				
Primary Adult Contact	(Please Print)							
Last Name: First Name:			Home Phone:		Cell Phone	Cell Phone:		
Address: City:			City:	Zip: Em		Email Add	Email Address:	
Activity Session Inform	nation							
Participant's Last Name	Participant's First Name M/F Date of Birth		Grade	e Activity Name		Activity #	Fee	
Special Medical Instructions (Please specify participant)					Doctor's Name	Phone	Phone	
charge will be assessed to each activity cancellation. Full refunds will be given if Camp, Camp Quien Sabe Youth Overnight Camp and Family Camp Weekend, Frentals are subject to separate withdrawal guidelines. Help Support: Whispering Pines Day Camp Camp Quien Sa					d Sports programs, drop-in classes, one-day workshops and facility			
) <u> </u>	Camp Quie	n Sabe	Monterey Sports	s Center	By Donating \$	S
	ispering Pines Day Camp		'				By Donating \$	
Help Support: Whi	ispering Pines Day Camp	o: City of N	'	ash				
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If you are a Monterey Resident, don't forget your proof of residency - FAX to (831) 646-3880 or email to reconline@ci.monterey.ca.us

6 play! MONTEREY

Summer/Fall 2013