

**R E G I S T R A T I O N F O R M
CITY OF POWAY COMMUNITY SERVICES DEPARTMENT**

Parent/Guardian Name (*Please print*): _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____ E-Mail: _____

First and Last Name of Participant	Birthdate	Age	Sex	Class Title	CLASS REGISTRATION NUMBER		Fee
					First Choice	Alternate Choice	

PARTICIPANT WAIVER

The undersigned fully understands that my/my child's participation in the above events/classes exposes my child or me to the risk of personal injury, death, communicable diseases, illnesses, viruses, or property damage. I hereby acknowledge that participation in these events/classes is voluntary and agree to assume any such risks. I hereby release, discharge and agree not to sue the City of Poway or its officers, employees or agents, 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 of Poway or its officers, employees or agents, 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. Further, in consideration for being permitted to participate in these events/classes, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of Poway from any and all claims, demands, actions or suits arising out of the connection with my/my child's participation in these events/classes. 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.

I assign to the City of Poway and its officers, employees and agents, all rights to any photographs and/or video taken of me/my child and/or any organization(s) represented by me, and any printed matter in conjunction with such photographs and/or video hereinafter referred to as MATERIAL, for advertising and marketing purposes. I hereby authorize the City of Poway to reproduce, copy, exhibit, publish or distribute any and all such MATERIAL. I and/or any organization(s) represented by me understand and agree that the City of Poway will be held free and clear of any responsibility or claim for any liability directly or indirectly associated with the use of said MATERIAL.

REFUND INFORMATION

Cancelled by City:

A full refund will be issued for all classes or camps cancelled or overbooked by the City of Poway and/or the independent contract instructor.

All Other Refunds:

Refunds or transfers must be requested in writing by noon at least one week prior to the start date. Written requests may be submitted via email to Activenet@poway.org, or by mail to City of Poway Community Services Department, P.O. Box 789, Poway, CA 92074-0789. A \$19 cancellation fee will be deducted. No cancellation fee will be deducted if customer places refund as a credit on account. If class, camp, or program is less than the \$19 cancellation fee, the refund will automatically be given as credit on account. Credit on account will be valid for one year and may be applied to another enrollment or reservation. If the credit is not used after one year, the funds will be forfeited, and the customer's account will be cleared.

Except as otherwise provided in this policy, if a registrant fails to attend a program after it begins, the registrant is not entitled to a refund. Exceptions may be authorized by the Director of Community Services. A doctor's note or written request describing the extenuating circumstances must be submitted to the Community Services Department within two weeks of the refund request.

Signature: _____ Date: _____

Would you like to support the **I Believe in Poway Program** , by including an additional \$2__ \$5__ \$10__ or \$____ today? Your donation will help to support the Fireworks, PLAY Program, and all the programming that Community Services provides.

FORM OF PAYMENT: Cash Amount _____ Check Check # _____;
Charge MC/Visa # _____ (only if mailed), Expiration Date _____ Security Code _____