

**CITY OF VACAVILLE
COMMUNITY SERVICES DEPARTMENT
Registration Form & Waiver of Liability**

Please complete all applicable sections of this form, read the Waiver of Liability on the reverse side, and sign your name. This form is to be filled out by the participant or the participant's parent or legal guardian. One form, per person, please.

MAIN CONTACT INFORMATION (Proof of residency required)

LAST NAME _____ FIRST NAME _____

PARTICIPANT INFORMATION (Proof of residency required)

LAST NAME _____ FIRST NAME _____

DATE OF BIRTH _____ STREET ADDRESS _____

APARTMENT NO _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ DAY TIME PHONE _____

E-MAIL _____ CELL PHONE _____

Check this box if you would like to be notified by e-mail of Community Services events and activities.

EMERGENCY CONTACT INFORMATION

LAST NAME _____ FIRST NAME _____

HOME PHONE _____ DAYTIME PHONE _____

RELATIONSHIP _____

Policy of Non-Discrimination on the Basis of Disability:

The City of Vacaville, in compliance with the Americans with Disabilities Act (ADA) of 1990, does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs, events, or activities.

The City of Vacaville Community Services Department welcomes the participation of individuals with disabilities or special needs. We are committed to compliance with the ADA, however to ensure that our programs are safe for all participants, please register at least 3 weeks prior to the class start date to allow time for accommodation arrangements. It is requested that the following information be provided to expedite the accommodation process.

Does the participant have a disability or condition related to:

Allergies? _____ No _____ Yes Please Explain: _____

Mobility? _____ No _____ Yes Please Explain: _____

Behavior? _____ No _____ Yes Please Explain: _____

Needing an Aide? _____ No _____ Yes Please Explain: _____

Other? _____ Please Explain: _____

Participant Name: _____

ACTIVITY/PROGRAM REGISTRATION

SCHOOL				GRADE					
CLASS CODE	ACTIVITY/PROGRAM	SESSION DATES		COST					
AMOUNT		CASH		CHECK#		DATE		BY	

Photo Release

I understand that the City of Vacaville staff reserves the right to photograph and/or videotape facilities, activities, and program participants for potential future use. I hereby grant permission to the City of Vacaville to use my and/or my minor child's photograph and/or video footage for City of Vacaville promotional materials and publications.

Waiver of Liability

I understand that participation in the above listed Recreational Activities/Program(s) may be of a hazardous, strenuous and/or physical nature and may result in personal injury, death or property damage. Knowing the risks involved, I nevertheless voluntarily request permission for myself and/or my minor child to participate in said Recreational Activities/Program(s) and agree to assume all such risks. I hereby release, discharge and absolve the City of Vacaville and all City personnel in advance from and against any and all liability, injury or damage arising out of or in connection with my and/or my minor child's participation in said Recreational Activities/Program(s) or failure on the part of the City and/or City personnel to comply with any obligations related to said Recreational Activities/Program(s), even though that liability, injury or damage may be caused by the City and/or City personnel. I agree to indemnify (compensate for damages) and hold the City harmless from any loss, liability, damage, cost or expense, including litigation or attorney fees, arising out of or connected in any way with my and/or my minor child's participation in said Recreational Activities/Program(s). I understand and agree that this Waiver of Liability is intended to be as broad and inclusive as permitted under California law, and that if any portion of this Waiver of Liability is invalid, the balance shall continue in full force and effect.

I have carefully read this Waiver of Liability and understand that it is a release of all liability and an assumption of all risk inherent in City of Vacaville Community Services Department Recreational Activities/Program(s). I am fully aware of the legal consequences of signing this document and voluntarily sign my name evidencing my acceptance of the above provisions.

If the participant is a minor child, this form must be signed by a parent or legal guardian.

(Signature of Participant/or Parent) (Date)

(Print Name)

Select one: Participant (18 or over) Parent Guardian Senior (60+)