FAIR OAKS RECREATION & PARK DISTRICT PARTICIPANT'S REGISTRATION WAIVERS, RELEASE, ASSUMPTION OF RISK

Note: Participant(s) or legal guardian must complete waiver form in its entirety, prior to the first class meeting. If waiver is not signed, participant will not be registered, and form will be returned.

PAYEE INFORMATION					
LAST NAME		FIRST NAME:			
PHONE/HOME:		WORK:			
ADDRESS:		CITY:		ZIP:	
E-MAIL ADDRESS:		E	Birth Date		
EMERGENCY CONTACT NAME:		PHON	NE:		
PLEASE CHECK ONE: FAIR OAK	(S RESIDENT:	NON-RESIDENT:	<u></u>		
METHOD OF PAYMENT: Payme	nt at class cannot be made in ca	ash. To pay with cash, you must	register in District Office		
Check #:Card #:		Expiration	DateCVC_	Visa MasterCard	_
Cardholder's Name (Print)		Cardholder's Signature			_
Participant's Name	Date of Birth	Class Name	Session Dates	Fee	
Please remember to si	ign the waiver on the bottom of	this form, Thank you!	lease check here if you would lik	ke a receipt sent.	
Agreement, Waivers	s. & Release Fai	ir Oaks Recreat	ion & Park Dist	rict	2020
In consideration for being permitt claims for damages for personal in in said activity(ies). This release is arising out of or connected in any on the part of the persons or entit knowing those risks I hereby assu assigns. I agree to indemnify and which they may incur as a result.	jury, death, or property dath intended to discharge in a way with my participation ties mentioned above. It is me those risks. It is further to hold the above person	mage which I may have, or advance the above District in said activity(ies), even th understood that these act agreed that this waiver, re as or entities free and ha	which may hereafter accrument (its officers, employees, a mough that liability may aristivities involve an element elease and assumption of riarmless from any loss, lia	ue to me, as a result of pand agents) from any and se out of negligence or cap of risk and danger of acc sk is to be binding by my bility, damage, cost, or	articipation I all liability arelessness idents and I heirs and expense
Parental Consent (To be completed and signed by page)	arent/guardian if applicant is	under 18 years of age)			
I hereby consent that my son/dau and Release on his/her behalf. I s and entities mentioned above free any injury or property damage tha	tate that said minor is physic e and harmless from any lo	ically able to participate in soss, liability, damage, cost,	said activity. I hereby agree or expense, which they m	e to indemnify and hold th	ne persons
I HAVE CAREFULLY READ THI THIS IS A RELEASE OF LIABIL WILL.					
Signature of Participant (if under	18, Parent or Guardian):			Date:	
I understand that photographs tak initial	en of recreational program	ns may be used by the Dist	rict for promoting program	s, classes or events.	