

Adult/Parent/Legal Guardian Name _____

Email: _____ Phone # 1: _____ Phone #2: _____

Address: _____ Zip Code: _____ City: _____

Parent #2/Emergency Contact Name _____

Email: _____ Phone # 1: _____ Phone #2: _____

First Name	Last Name	if under age 18:		Program/Class/League Name	Barcode	Start			Fee
		Age	Birthdate			Date	Day	Time	

Make checks payable to: The City of Orinda – Senior Discount \$2 x _____
+ 3% Facility Preservation Fee _____
= TOTAL: _____

ADDITIONAL INFORMATION FOR THOSE UNDER AGE 18:

First Name	Last Name	Gender M/F	(Entering Fall) Grade	School	Grouping/Coach Requests*

*Grouping/Coach requests are not guaranteed. Limit two per child. Please list first and last names.

PLEASE CAREFULLY READ THE REGISTRATION AND CANCELLATION POLICIES ON PAGE 46.

It is your responsibility as the consumer to understand our policies in the event you need to withdraw from our classes.

In consideration of being permitted to participate in City of Orinda Parks and Recreation activities, THE UNDERSIGNED, as a participant or legal guardian representing a minor participant, HEREBY FOREVER RELEASES, WAIVES AND DISCHARGES THE CITY OF ORINDA, its directors, officers, employees, agents, independent contractors, and volunteers from any and all liability, to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss and/or damages and any claims or demands occurring or resulting from any accidents, injury, and/or damage to the person or property or death of the undersigned or their minor, arising out of or connected with participation in activities on the City of Orinda's property or site utilized by the City of Orinda, and/or while using the premises, facilities, and/or equipment thereon, whether or not caused by the negligence and/or property of the City of Orinda, its directors, officers, employees, agents, independent contractors, or volunteers.

THE UNDERSIGNED, as a participant or legal guardian representing a minor participant, ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, due to the negligence of the City of Orinda, its directors, officers, employees, agents, independent contractors, and volunteers or otherwise while in, upon, or about the premises of the City of Orinda, or site utilized by the City of Orinda, and/or while using the premises, facilities, and/or equipment thereon.

THE UNDERSIGNED, as a participant or legal guardian representing a minor participant, agrees to INDEMNIFY AND HOLD HARMLESS the City of Orinda, its directors, officers, employees, agents, independent contractors, and volunteers from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys fees, brought as a result of the undersigned's or their minor's involvement in activities while in, upon, or about the premises of the City of Orinda, or a site utilized by the City of Orinda, and/or while using the premises, facilities, and/or equipment thereon, and to reimburse the City of Orinda for any such expenses.

THE UNDERSIGNED HEREBY PERMITS the taking of photographs or videos of themselves or their minor to be used at the City's discretion and understand they may be used for marketing purposes.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement has been made. The undersigned hereby acknowledges fully understanding the terms of this agreement and acknowledges that by signing this agreement the undersigned completely and unconditionally releases the City of Orinda, its directors, officers, employees, agents, independent contractors, and volunteers from any and all liability to the greatest extent allowed by the law.

Participant (18 years or older)/Parent/Legal Guardian Signature _____ Name (please print) _____ Date _____