

Participant's Name (if under 18, parent or guardian): _____

Address: _____ City: _____ Zip: _____

Phone (Cell): _____ (Work/Home): _____

Email Address: _____

Emergency Contact: Name _____ Phone _____

Participant First and Last Name	DOB	M/F	Program Name	Activity #	Date	Fee

*Class confirmation notices will NOT BE SENT. Consider yourself registered unless otherwise notified.

Refund Policy

Full refunds will be issued only if ARD cancels a class or activity. Full credit on account (good towards another ARD class, program or activity for up to a year after issue) will be given on customer cancellations received 72 hours prior to the first class.

Failure to attend a class, or "no shows" will not be granted a credit. If you are not satisfied with any of our programs, please contact the program supervisor. All refunds will come in the form of a check. Please allow 3 – 4 weeks processing time. **INITIAL** _____

AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the Auburn Recreation District (ARD) to participate in the above-referenced activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance ARD (including its officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors, and assigns and that I shall indemnify and hold ARD (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with my participation in said activity.

Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

VIRTUAL CLASS RELEASE: I hereby warrant and agree, that the conditions of my environment are safe, free from obstructions, and are suitable for participation in the above-referenced activity. I further understand and agree that any material downloaded, viewed or otherwise obtained through my participation in said activity is done at my own risk and the District is not responsible for any loss, alteration, corruption or other damage to my personal property, including computers, networks and other property used as part of my participation.

PHOTOGRAPHIC RELEASE: I understand that photographs may be taken during this activity and hereby grant the District permission to use any such photo(s) for advertising or in promotional materials.

PARENTAL/GUARDIAN CONSENT: (to be completed and signed by parent/guardian if Participant is under 18 years of age.)

I hereby consent that my son/daughter, _____, participate in the above-referenced activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with said minor's participation.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.

Signature of participant (if under 18, parent or guardian) _____
Date _____ **Name (please print)** _____

I agree that in the event that said minor requires medical treatment while under the supervision of ARD's recreational personnel in connection with described activity, such supervisor may authorize treatment.

Signature of participant (if under 18, parent or guardian) _____
Date _____ **Name (please print)** _____

Date: _____ Receipt#: _____ By: _____ Cash/Credit/CC/Check #: _____