

How did you hear about ARD? Activity Guide Local Media Website Friend or RelativeOther (please explain) _____

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

Address: _____ City: _____ Zip: _____

Phone (Home): _____ (Work): _____

Email Address: _____

Emergency Contact: Name _____ Phone _____

 Yes, opt-in for free ARD E-Newsletters. We will never spam, trade, sell or rent your information.

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 & Release

In consideration for being permitted by Auburn Area Recreation and Park District (ARD) to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which 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 (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of my death or any injury or property damage that I may sustain while participating in said activity.

PARENTAL CONSENT: (To be completed and signed by parent/guardian if applicant is under 18 years of age.) I hereby consent that my son/daughter, _____, participate in the above 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 persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER & RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE AUBURN AREA PARK AND RECREATION DISTRICT, AND I SIGN IT OF MY OWN 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 #: _____