



CONCERT

AUG|14 @ 7pm

STATE THEATER

985 Lincoln Way, Auburn, CA 95603

An Incredible Night Featuring:

- Paul Hemmings
- Fred Sokolow
- Dani Joy's Band

WORKSHOPS

AUG|15 @ 9-6pm

CANYON VIEW COMMUNITY CENTER

471 Maidu Drive, Auburn CA 95603

Includes workshops with your choice of artists including Paul Hemmings, Fred Sokolow, Stu Herreid, Dani Ukulele and others; Open Mic with Host Cliff Johnson; Group Performances; Ukulele Mash-ups; Indoor and Outdoor Jam Time; Culminating Activities; and a Barbeque lunch.

QTY	DESCRIPTION	AMOUNT	TOTAL
_____	CONCERT (\$25/person \$30/person at the door)	\$25	\$_____
_____	WORKSHOP (\$25/person \$50/couple)	\$25 \$50	\$_____
_____	CHILD UNDER 12 (Free to attend \$5 lunch fee)	\$5	\$_____
_____	VEGETARIAN LUNCH REQUESTED	FREE	
_____	CONCERT + WORKSHOP (buy together and save!)	\$45	\$_____
	AMOUNT ENCLOSED		\$_____

Make checks payable to:

ARD
 ARD-Uke Festival
 123 Recreation Dr.
 Auburn, CA 95603

ADDITIONAL INFO:
 AuburnRec.com

NAME(S) _____

EMAIL _____ PHONE _____

ADDRESS _____ CITY _____

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. 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 AUBURN AREA PARK AND RECREATION DISTRICT, AND I SIGN IF OF MY FREE WILL.

SIGNED _____ DATE _____