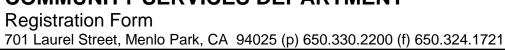
## **COMMUNITY SERVICES DEPARTMENT**





i Laurei Sireet,	Wellio Park, CA 94025 (p)	) 000.330.220	0 (1) 650.524.	1721		
Primary Contact	: (Full Name):					
Address:			City:		State:	Zip:
Home Phone:			Work Phone:			
E-mail:			☐ The above address is NEW			
Emergency Contact Name:			Relationship:			
Primary Phone:			Secondary Phone:			
RESIDENT FEES incorporated Meni REFUND AND TE to request either the prorated amore fee will be deductransfer requests	t: To qualify, you must submit a colo Park (P.O. Box is not acceptable RANSFER POLICIES: If you can a transfer or a refund. Your request of your enrollment fee to any cated from the prorated fee base for classes with material fees or	ole).  nnot attend an a quest will be prorouted on the date of with two or fewer	bill or Driver's lic activity or find the rated and assess ithin that session f the request, un or class meetings	ense showing you e class not mee ed as follows: If n. If you prefer to less otherwise r must be receive	eting your expectati you choose to tran o receive a refund, noted in our publica ed one week prior to	ons, it is possible sfer, we will apply a \$15 processing ation. All refund or
Activity Code	Participant's Full Name	Birth Date	Activity Name		Activity Fee	Alternative Reg #
Code	ruii Naille	Date	Activity Name	, Date, Tille	Activity Fee	Keg #
	I ant(s) require any special accom ne activity? ☐ YES ☐ NO	If yes, a Comm staff person w	nunity Services vill contact you.	\$	= TOTAL FEES	
WAIVER AND RELEASE FROM LIABILITY / ASSUMPTION OF RISK:  I understand that there are inherent risks in participating in the above referenced recreational activity, and that injuries may occur from time to time even when much care is taken to make the activity safe. Knowing these inherent risks, nevertheless, in consideration of my or my minor child's participation in the above referenced recreational activity, I as a participation or as legal guardian on behalf of my minor child, hereby assert that my or my minor child's participation in this event is voluntary and agree to assume those risks and release, indemnify and hold harmless the City of Menlo Park, it's officer's, agents, employees and volunteers from any and all liability for accidents, injuries, loss of and/or damage to me or my minor child's person or property that may arise out of my or the minor child's participation in this activity, except where caused by the gross negligence or willful misconduct of the City of Menlo Park. I understand that this waiver, release and assumption of risk is binding on me, my minor child, and our heirs and assigns.  The undersigned further expressly agrees that the foregoing waiver, release and indemnification is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion therefore is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.  In the event that the individual participating in the activity is a minor, I certify that I am his/her parent or legal guardian and I give my permission for him/her to participate in the recreational activity program. I understand my signature is a legal and binding signature and will be considered original if received by fax.						
USE OF PARTICIPANT PHOTOGRAPHS/VIDEO: In addition to the forgoing, I further agree to permit the use of event/activity photography and/or video media production, of me or the minor on whose behalf I am signing this waiver. I agree to advise the City of Menlo Park Community Services Department in writing if I do not agree to the forgoing.						
Signa	ature of Applicant		Date	Check one: □	Self □ Parent	☐ Guardian
Payment Informa	ation: 🗆 Cash 🔲 Check	√ □ Visa	☐ Masterca	rd		
Account # Exp Print Name on Card CVC#						
Authorized Signat				•		
r	checks payable to: City of Men	io Park. Note:	i nere is a \$30 ch	arge for returned	a checks.	
Office Use Only:		oto	Posidonov V	orifie d	Processed By	