



CITY OF HERMOSA BEACH
COMMUNITY RESOURCES DEPARTMENT
 710 Pier Avenue, Hermosa Beach, CA 90254
www.hermosabeach.gov
PHONE (310) 318-0280 **EMAIL** hbconnect@hermosabeach.gov

ACTIVITY REGISTRATION

ADULT/GUARDIAN FIRST NAME: _____ **LAST NAME:** _____

ADDRESS: _____ **CITY:** _____ **ZIP CODE:** _____

DATE OF BIRTH: _____ **If you choose not to provide, your birthday will be defaulted to 01/01/1960*

HOME PHONE: _____ **CELL PHONE:** _____ **WORK PHONE:** _____

EMAIL ADDRESS: _____

PARTICIPANT'S NAME	DATE OF BIRTH	CLASS #	CLASS TITLE	FEE
			TOTAL	

Payment: Check Cash Credit Card

Credit Card Number: _____

Expiration Date: _____ CVV (3 or 4 digit code on back of card): _____

Cardholder Signature: _____ Date: _____

WAIVER & RELEASE OF LIABILITY I (we) participate in the aforementioned activity(ies) voluntarily, assume all liability for and hold harmless the City of Hermosa Beach, it's agents and employees from any and all harm, accidents, personal injury or damage to property which the above listed participants may suffer arising out of, or in any way connected with participation in the activity.

REFUNDS & TRANSFERS Requests must be made in writing and received before the start of the second class meeting. I (we) understand that each request is subject to a \$16 administrative fee. I (we) understand that there are no refunds on excursions unless cancelled by the City of Hermosa Beach Community Resources Department.

PHOTO RELEASE I (we), the participant and/or the individual named hereof, understand that the aforementioned individual's photograph may be taken and the images will be utilized in a variety of media by the City of Hermosa Beach for promotion of City programs. I (we) give unqualified permission to allow the City to take these photos and use them as described. I (we) understand that the City owns the copyright to the images that it creates and that the City may publish or broadcast the images at any time and that I (we) possess no right to the images or to any compensation.

COMMUNICABLE DISEASES WAIVER By signing this agreement, I acknowledge the contagious nature of communicable diseases and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by communicable diseases by participating in recreation activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by communicable diseases through recreation programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City of Hermosa Beach employees, volunteers, and program participants and their families.

I assume all risks of damages and injury to myself arising out of or attributable to my participation in recreation activities. I, for myself, my heirs, executors, administrators and assigns, hereby release and discharge the City of Hermosa Beach and its officers, employees and agents, from any and all claims for losses, injuries, damages or liabilities, including personal injury and injury to personal property arising out of or attributable to my participation in recreation activities and I expressly release the above-named parties from and against any and all claims or liability arising from their negligence. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with participation in recreation activities. On my behalf, and on behalf of my child(ren)s, I hereby release, covenant not to sue, discharge, and hold harmless the City of Hermosa Beach, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City of Hermosa Beach, its employees, agents, and representatives, whether a communicable disease infection occurs before, during, or after participation in recreation activities.

X

SIGNATURE (PARTICIPANT OVER 18 YEARS OF AGE OR PARENT/LEGAL GUARDIAN)

PRINTED NAME

DATE