Burbank Parks & Recreation Department

CLASS REGISTRATION FORM

Not for golf or tennis registrations

Adult Payee Information Please print and fill out completely.												
FirstName:		M.I	LastName:	Birth Date:								
Address:				City:			Zip:					
Home Phone: ()		_ Cell	()		Carrier:							
Home Phone: (
Participant Information - Please list separately each participant and all requested information.												
Name	Birth Date	M/F	Class Name	Day	Time	Site	Start Date	Fee				
				1				\$				
								\$				
								\$				
								\$				
								\$				
OFFICE USE ONLY	Total of Activity fees											
Date:	Non-resident fees (number of classes x \$10)											
Receipt #:	Total Paid											
□ Check	□ Cash □ Money Order □ Master Card							□ Visa				
			N •									

Waiver

For and in consideration of my use of any City of Burbank facility and/or participation in any program, I hereby voluntarily release, discharge, waive, and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death against the City of Burbank or any of its officers, agents, servants or employees, whether the same shall arise by the negligence of any of said persons, or otherwise, occurring to me as a result of the use of any City facility and/or participation in any City programs/activities incidental thereto wherever or however the same may occur and for whatever period said use and/or programs/activities may continue.

IT IS MY INTENTION BY SIGNING THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE CITY OF BURBANK, ITS OFFICERS, AGENTS, SERVANTS OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE. I am fully aware of the risk and hazards inherent in my use of the City's facilities and/or participation in the City's programs/activities. I understand that serious accidents can occur during the use of the City's facilities and/or participation in the City's programs/activities and that participants can suffer serious injury or even death. I realize that NO MEDICAL INSURANCE IS PROVIDED BY THE CITY OF BURBANK FOR ANY INJURIES THAT MAY OCCUR TO ME DURING THE USE OF THE CITY'S FACILITIES AND/OR DURING PARTICIPATION IN THE CITY'S PROGRAMS/ACTIVITIES. Nevertheless, I hereby elect voluntarily to participate to use the City's facilities and/or participate in the City's programs/activities and assume all risk of loss, damage, or injury that may be sustained to me during the use of the City's facilities and/or during participation in the City's programs/activities, or any activities incidental thereto.

I agree that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against the City of Burbank, or any of its officers, agents, servants, or employees as a result of my participation in the Event(s), I shall indemnify and save harmless the City of Burbank or any of its officers, agents, or employees from any and all such claims or causes of action by whomever or wherever made or presented.

I understand that this RELEASE, INDEMNIFICATION AND ASSUMPTION OF RISK AGREEMENT shall apply not only to me but also to my and/or their heirs, executors, administrators, next of kin, assigns, and successors.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING AND AM COMPLETELY AWARE OF THE POTENTIAL DANGERS INCIDENTAL TO MY USE OF CITY'S FACILITIES AND/OR PARTICIPATION IN CITY'S PROGRAMS/ACTIVITIES AND I AM FULLY AWARE OF THE LEGAL CONSEQUENCE OF SIGNING THIS INSTRUMENT.

I grant the City of Burbank permission to use my or my child(ren)s photographs and images, including but not limited to video images and sound recording, for the purpose of publicizing and marketing City activities. I understand that no compensation shall be given for use of these photographs and that these images shall become the sole property of the City of Burbank.

	G	,	,		
Mandatory Signature			(i	Date:	