CLASS REGISTRATION FORM

Recreation Scholarship Program opportunities available! Call (650)829-3800 for more information. **Those 62 and over may deduct 20% off the resident rate opportunities available! Call (650)829-3800 for more information. **Those 62 and over may deduct 20% off the resident rate opportunities available! Call (650)829-3800 for more information. **Those 62 and over may deduct 20% off the resident rate opportunities available! Call (650)829-3800 for more information. **Those 62 and over may deduct 20% off the resident rate opportunities ovailable! **DO NOT SIGN THIS DOCUMENT BEFORE YOU READ IT AS IT CONTAINS A WAIVER AND RELEASE OF LIABILITY TO WHICH YOU WILL BE BOUND. It agree that my participation in the City of South Son Francisco Recreation Classes is voluntary and that I assume all risk of injury, illness, damage, or to so me or to my property that major result from my participation. In Intriher agree (on behalf of myself and my family imembers, personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge the City of South Son Francisco and its officers, employees, and agents, from any and claims, liability, loss, penalties, expenses and costs (including attorneys fees), or causes of action (known on unknown) (collectively, "Liability,") understand that can any and ill activities, including but not limited to additional practice or willful misconduct of the City, Further, I give the City of South Son Francisco permission to use any photos or videos of the participant in kind of promotional purposes, finally, understand that any and all activities, including but not limited to additional practice, performances, travel, private gatherings, etc., that take place outside of the class scape, days, times, and locations as set by the City are not a part of the City Recreation Department, the City of South Son Francisco and its Parks and Recreation Department, If I characteristic Part and the City of South Son Francisco and its Parks and Recreation Department, If I charac	Adult/Guardian	n Name (last, first)	:				
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Do you have special needs that require specific accommodations so you can fully enjoy one of our classes or facilities? YES, please contact me about disabled services. There are three ways to pay: 1) Make Check/Money Order Payable to City of South San Francisco 2) Charge to Visa, Mastercard, Discover, or card on file. List the following information: Card ending (last 4 digits) Cardholder's Name Signature	employees, and ag unknown) (collective misconduct of the for promotional puprivate gatherings Class and are not a activities not affilia understand that reare full or cancelle I ACKNOWLEDGE	gents, from any and al vely, "Liability") arising City. Further, I give the proses. Finally, I unde , etc., that take place affiliated with the City ated with the City, I does funds must be requested by the Recreation D THAT I HAVE CAREFUL	I claims, liability, loss, penalties, gout of my participation, excep e City of South San Francisco perstand that any and all activities outside of the class scope, days of South San Francisco and its so at my own risk and fully assuted one week before the class stepartment. A service charge of LLY READ THIS WAIVER AND RE	expenses and costs (incit to the extent that such ermission to use any phos, including but not limite, times, and locations as Parks and Recreation Deume all responsibilities are that, and no refunds \$10.00 per class will be LEASE AND I FULLY UNI	luding attorney's fees), or cause Liability is caused by the gross tos or videos of the participant ed to additional practices, perfoset by the City are not a part of partment. If I choose to participal risks associated with such pass will be given after the first class made for all refunds requested DERSTAND THAT, BY ACKNOWL	es of action (known or negligence or willful taken during Program ormances, travel, if the City Recreation pate in such outside rticipation. I ss unless the class(es) by the participant. EDGING THIS WAIVER,	
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