

City of Los Angeles Department of Recreation and Parks
Lake View Terrace Recreation Center

ADULT CLASS REGISTRATION FORM

Information:

Last Name: _____ First Name: _____

Date of Birth: ____/____/____ Age: ____ Male: ____ Female: ____

Address: _____

City/State/Zip Code: _____

Phone: _____ Other Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

Consent Form and Waiver:

I am aware that there are certain risks of injury and/or damage inherent in the Program's activities. I agree to hold harmless the City of Los Angeles, Department of Recreation and Parks and its officials, agents, employees and volunteers from any liability in connection with any possible injury connected to participation in the Adult Classes and Activities. **I UNDERSTAND THE CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS LAKE VIEW TERRACE RECREATION CENTER CARRIES NO INSURANCE.** I will abide by all safety rules, policies and regulations and to take reasonable precautions to minimize risks of injury or damage arising from participation in the Program; I give my consent to participate in all aspects of the Program. I also authorize Lake View Terrace Recreation Center Staff, City of Los Angeles and Department of Recreation and Parks to make, procure and/or use photographs, films, tapes, digital media recordings or other likeness, physical image and/or voice as for use with the Program's publicity, marketing and or/advertising materials.

Signature: _____

Date: _____

