



City of Los Angeles, Department of Recreation & Parks
 Metro, North District
Montecito Heights Senior Center
 4545 Homer Street, Los Angeles, California 90031
 (213) 485-5148

2019 Class Registration Form

Participant Information (please print)

- Class Name: _____ Date of Birth (D.O.B.): _____
- Participant's Name (Last Name, First Name): _____
- Address: _____ City: _____ Zip Code: _____
- Cell Phone: (____) _____ Home Phone: (____) _____
- Email Address: _____

Authorized Emergency Contact List

Only people listed on the authorized list will be contacted. Any changes must be made IN PERSON.

- Name: _____ Relationship: _____ Phone: (____) _____
- Name: _____ Relationship: _____ Phone: (____) _____

Participant/Guardian Name (please print): _____ Date: _____

Participant/Guardian Signature: X _____ Date: _____

OFFICE USE ONLY (DO NOT WRITE IN THIS SECTION):

Class Fee: Jan _____ Feb _____ Mar _____ Apr _____ May _____
 (Receipt #) June _____ July _____ Aug _____ Sept _____ Oct _____
 Nov _____ Dec _____

- Signed Waiver
- Staff Initials _____

WAIVER RELEASE

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS AND AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR MEMBER.

In consideration of the City of Los Angeles, Department of Recreation and Parks acting through its program & classes granting the below named participant _____ the opportunity to participate in Montecito Heights Recreation Center Program, I, (print name) _____, the undersigned, as a participant, do hereby agree as follows:

- **I am aware that there might have certain risks of injury and/or damage inherent in the Program activities.**
- **I understand that if participant is sick and/or needs to be sent home, I agree to have staff call emergency list at the time requested by staff.**
- **I confirm to the best of my knowledge and belief, I am not subject to a physical or mental infirmity, nor under the influence of any medication or other substance(s) which might hinder my safe participation in the program.**
- **I will abide by all safety regulations** and to take reasonable precautions to minimize the risks of injury or damage arising from participation in the Program.
- **I give my consent to participate in all aspects of the Program** and I knowingly assume full responsibility for all risks of bodily injury, death or property damage.
- **I understand that the City of Los Angeles, Department of Recreation & Parks has no obligation to obtain medical treatment for participant.** Should it be necessary for participant to have emergency medical care while participating in the Program, I hereby give the Montecito Heights Recreation Center and Senior Citizen Center personnel my permission to use their judgment in obtaining medical care, and; **I give permission to the medical care provider** selected by the Montecito Heights Recreation Center and Senior Citizen Center personnel(s) to render medical care deemed necessary and appropriate.
- **I also authorize the Montecito Heights Recreation Center and Senior Citizen Center personnel to make, procure or use photographs, films, tapes or other likenesses of member's physical image and/or voice as may be needed for use with Program's publicity materials.**
- **Except for the gross negligence or willful misconduct of the Montecito Heights Recreation Center and Senior Citizen Center personnel,** participant waive all rights of recovery which participant may have now or in the future, whether known or unknown, against the Montecito Heights Recreation Center and Senior Citizen Center personnel or its officers, agencies or employees, and member release, acquit and forever discharge the Montecito Heights Recreation Center and Senior Citizen Center personnel from any and all liability for any bodily injury or other personal injury, damage, loss or expense, claims, demands, causes of action, money damages, costs, loss of services or use, compensation, debts, including attorney fees, which result from or are in any way connected with Minor's participation in the Program or any related activities.
- **I have carefully read this agreement.** I understand what it means and my signature below is my own free act. I intend it to be legally binding.

Participant/Guardian Name (please print): _____ Date: _____

Participant/Guardian Signature: X _____ Date: _____

