

STUDIO CITY RECREATION CENTER

12621 RYE STREET, STUDIO CITY, CA 91604

CLASS REGISTRATION FORM

Make checks payable to: "City of Los Angeles - Department of Recreation & Parks"

___ Hatha Yoga	Class Level: _____	Time _____
___ Tuesday's 50+ Double Tennis	Class Level: _____	Time _____
___ Friday Invitational Doubles (3.5 or better)	Class Level: _____	Time _____
___ Tai-Chi	Class Level: _____	Time _____
___ Zumba	Class Level: _____	Time _____

Participant's Last Name: _____ First Name: _____

Birthdate: ___/___/___ Age: _____ Male: Female:

Address: _____ City: _____ Zip: _____

Email Address: _____@_____

Home Phone: _____ Cell Phone: _____

Emergency Contact (Name): _____ Emergency Phone: _____

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

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks granting the above named participant the opportunity to participate in this activity. Participant's name: [REDACTED]. The Undersigned, does hereby agree as follows: **I AM AWARE THAT THERE ARE CERTAIN RISKS OF INJURY INHERENT IN THIS ACTIVITY. I WILL ABIDE BY ALL SAFETY REGULATIONS** and will make reasonable precautions to minimized the risks of injury or damage arising from participation in this activity; I knowingly assume all responsibility for all risks of bodily injury, death or property damage which the participant may sustains as a result; I understand that **CITY OF L.A. CARRIES NO INSURANCE** also **I UNDERSTAND THAT THE CITY HAS NO OBLIGATION TO OBTAIN MEDICAL TREATMENT FOR PARTICIPANTS.** Should it be necessary for the PARTICIPANT to have emergency care while participating in the class, I hereby give the City personnel my permission to use their judgment in obtaining medical care, and I give permission to the medical care provider selected by the City Personnel to render medical care deemed necessary and appropriate; **EXCEPT FOR THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF THE CITY,** I waive all rights of recovery which I may have now or in the future, whether known or unknown, against the City of Los Angeles or its officers, agencies or employees, and I release, acquit and forever discharge the City from any and all liability for any bodily injury or other injury, damage, loss or expense, claims, demands, causes of actions, money damages, costs, loss of services or use, compensation, debts, including attorney fees, which result from or are in any way connected with participation in this or any other city program or 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. I also acknowledge that I have read and understand the payment. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. By Participating in our program, patrons agree to allow the City of Los Angeles, The Department of Recreation and Parks and Studio City Recreation Center to use photographs, audio, video and testimonials of participant(s) for use in publicity materials free of any fee or usage charge.

PRINT Participant's Name

Participant's Signature

___/___/___
Date

REFUND POLICY

A Non-refundable 15% administrative fee will be assessed by the Recreation Center to any patron granted a refund, change or transfer per class or sports league registration. Full refunds will only be issued when a class or sports league is canceled by the Recreation Center.

OFFICE USE ONLY

DATE	RW NUMBER	AMOUNT	AGE VERIFICATION	STAFF INITIALS

