

**CITY OF DIXON
RECREATION ACTIVITY REGISTRATION FORM**

Make selections carefully. NO REFUNDS UNLESS ACTIVITY IS CANCELLED BY THE CITY.

Please complete all applicable sections of this form and sign and date below. A separate form, filled out by the participant or the participant's parent or legal guardian is required for each activity enrolled in. One form, per person, per activity must be completed.

If you wish to register by mail, please fill out the form below and mail with your check (made payable to City of Dixon) to City of Dixon, 600 East A Street, Dixon, CA 95620. Do not send cash in the mail. Enclose a self-addressed stamped envelope if you would like us to send you your receipt.

PARTICIPANT INFORMATION:

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY & ZIP: _____

E-MAIL ADDRESS: _____ HOME PHONE: _____ OTHER PHONE: _____

IF PARTICIPANT IS A MINOR PLEASE COMPLETE ALL OF THE FOLLOWING:

GENDER _____ DATE OF BIRTH: _____ SCHOOL & GRADE: _____

PARENT/EMERGENCY CONTACT INFORMATION:

FIRST NAME: _____ LAST NAME: _____

RELATIONSHIP TO PARTICIPANT: _____ HOME PHONE: _____ OTHER PHONE: _____

ALTERNATE EMERGENCY CONTACT:

FIRST NAME: _____ LAST NAME: _____

RELATIONSHIP TO PARTICIPANT: _____ HOME PHONE: _____ OTHER PHONE: _____

Course/Session	Activity	Date(s)/Day(s)/Location	Cost

HOLD HARMLESS AGREEMENT: In consideration of my acceptance of this registration, I hereby assume the risk of, and responsibility for, any such injury, death, or damage which I, and/or my child, may sustain arising out of or in any way connected with the above described recreation activity, including injury, death or damage resulting from any acts or omissions, whether negligent or not, by or on behalf of the City, its officials, officers, employees, agents, volunteers and contractors.

RELEASE: I hereby release, waive and discharge the City, its officials, officers, employees, agents, volunteers and contractors from any and all liability, claims or causes of action arising out of or in any way connected with the activity described in this release, or upon their acts or omissions, whether negligent or not ("Waiver"). I agree to this Waiver on behalf of myself, my and/or my child's heirs, executors, administrators and assigns.

I understand and have been advised that I may have rights under Section 1542 of the California Civil Code, which reads as follows:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor."

I expressly waive any rights conferred on me and/or my child under California Civil Code Section 1542, as well as any similar law of any state or territory of the United States. On behalf of myself and and/or my child, I release the City, its officials, officers, employees, agents, volunteers and contractors and waive all actions, claims and demands that I and/or my or my child's heirs, executors, administrators and assigns may have or may hereafter have for any personal injury (including death) or property damage that I and/or my child may incur while participating in the above activity, including damage incurred as a result of the negligence of City, its officials, officers, employees, agents, volunteers and contractors.

INDEMNIFICATION: I hereby agree, on behalf of myself, my and/or my child's heirs, executors, administrators and assigns to defend, indemnify and hold harmless the City, its officials, officers, employees, agents, volunteers and contractors from any and all claims for compensation, personal injury, property damage or wrongful death caused by my and/or my child's negligence or willful misconduct.

KNOWING AND VOLUNTARY EXECUTION: I have carefully read this Release of Liability and fully understand its contents. I understand that I am giving up valuable legal rights on behalf of myself and/or my child. I knowingly and voluntarily give up these rights of my own free will. I am allowing the above described activity to take place at my own risk. I certify that I have read and understand this release for and that I have placed my signature below in recognition of that understanding.

INSURANCE: Any registration fee does NOT provide insurance.

PHOTO AND VIDEO WAIVER: I understand that City personnel may photograph or videotape me or my minor child and that the City may use my name (or any fictional name), picture, portrait, photograph, video or likeness in all forms, all media and in all manners to promote City programs and activities. I hereby waive any objection to the City photographing or videotaping me or my minor child when participating in said Recreation Program. I understand that neither I, nor my minor child, shall receive any compensation or payment for use of such photographs, videotapes, or images and that all media forms will remain the sole and exclusive property of the City of Dixon.

REFUNDS: No refunds unless class/activity is cancelled. Refunds take up to fifteen (15) working days to process.

Signature: _____

Date: _____