

# REGISTRATION FORM



## Three Easy Ways To Register:



### By Mail

Send completed form to:  
City of Ukiah  
411 W. Clay Street  
Ukiah, CA 95482



### By Fax

If you are paying with a credit card, you can fax the completed form to:  
(707) 463-6740



### In Person

Deliver directly to:  
City of Ukiah  
411 W. Clay Street  
8 am to 5 pm, Mon - Fri

Last Name, First Name	D.O.B.	M/F	Course Title	Date & Time	Fee
<b>TOTAL FEES</b>					

**Refunds are granted only if a written request is received by the City of Ukiah before the second class meeting. There is a 15% administrative fee deducted from all refunds.**

### Please Read and Sign

In consideration of the acceptance of my application for entry into the above stated recreation activity(ies), I hereby waive, release, and discharge any and all claims for damages for personal injury or property damage or losses, expenses, including reasonable attorney fees, which I may have or which may hereafter accrue to me, against the City of Ukiah as a result of my participation in the activity(ies). This release is intended to discharge the City of Ukiah, its officers, officials, employees, instructors, agents, and volunteers, from and against any and all liability arising out of or connected in any way with my participation in the activity(ies) even though that liability may arise out of the negligence or carelessness on the part of other persons. I further understand that accidents and injuries can arise out of the activity(ies), knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless the City of Ukiah and all of the persons mentioned above who might otherwise be liable to me or my heirs or assigns for damages. It is further understood and agreed that this waiver, release and assumption of risks is to be binding on my heirs and assigns.

*I, the undersigned or parent/guardian of the individual named below do hereby agree to allow the individual named herein to participate in the aforementioned activity, and I further agree to indemnify and hold harmless the City of Ukiah and its instructors, agents, officers and employees from and against any and all liability resulting in injury associated with that individual(s) participation in this activity(ies).*

I/We agree to allow use of my/our photograph for program publicity. I/We read and agree to the registration and program policies. I have read and understand the previous paragraphs.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Signature Required (Parent or guardian must sign for minor under 18 years of age)*

Print Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

### Person to Notify in Case of an Emergency

Name \_\_\_\_\_ Phone \_\_\_\_\_

### For Official Use Only:

Amount Paid: \$ \_\_\_\_\_ Payment \_\_\_\_\_

### Credit Card Payment

Visa  Mastercard Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Name (as it appears on card) \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

**RECREATION 10022850 44915**