



# Class Registration Form

## City of Half Moon Bay

Recreation Division  
 Ted Adcock Community Center - 535 Kelly Avenue, Half Moon Bay  
 www.hmbcity.com

### Parent/Main Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

| Participant Name:  | Date of Birth | Class Name | Class Dates | Class Time | Class Fee |
|--|---------------|------------|-------------|------------|-----------|
|  |               |            |             |            |           |
|  |               |            |             |            |           |
|  |               |            |             |            |           |
| I wish to donate to the Rollie Wright Scholarship Fund to help ensure that all families of Half Moon Bay have access to quality Recreation Programs. |               |            |             | Donation   | \$        |
|  |               |            |             | Total      | \$        |

I understand that photographs may be taken of me or my child during the course of said activity, and that these photographs maybe used in the City of Half Moon Bay's publications.

**PLEASE CAREFULLY READ THE FOLLOWING PARAGRAPH. AMONG OTHER THINGS, IT LIMITS YOUR RIGHT TO SUE SHOULD YOU OR YOUR CHILD BE INJURED WHILE PARTICIPATING IN A CITY PROGRAM.**

Waiver and Release: I specifically acknowledge that City recreation programs may include physical activity that can result in injury to participants, and I agree that should I engage in such activity that I do so voluntarily and at my own risk. THE UNDERSIGNED, in consideration of participation in this recreation program and the use of the City of Half Moon Bay's facilities, premises, equipment and transportation services, hereby agrees to RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE THE CITY OF HALF MOON BAY, its officers, employees, and agents (collectively, "the City") for any loss or damage, and any claim or demands therefore on account of injury to the person or resulting in the death of the undersigned, whether caused by the negligence of the City or otherwise, while the undersigned is in, upon, or about the premises or any facilities or equipment therein or, arising out of, or in the course of any transportation provided by the City. In addition, the undersigned hereby agrees to indemnify and save and hold harmless, and defend at its own expense, the City from any loss, liability, damage or cost, including reasonable attorney's fee, the City may incur due to the presence of the undersigned, in, upon, or about the City premises or in any using any facilities or equipment of the City whether caused by the negligence of the City or otherwise. If this agreement is signed on behalf of a minor by a parent or guardian, the phrases "I" and "the undersigned" in the previous paragraph refer to the child and not to the parent or guardian signing on the child's behalf. In the case of an injury to my minor child, I authorize the City staff to administer minor first aid. In the event that I cannot be contacted and it is necessary to administer further medical treatment, I will take full responsibility for any medical expenses.

**I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT. I HAVE READ THIS RELEASE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SEND TO:**  
 City of Half Moon Bay - Recreation Division  
 Ted Adcock Community Center  
 535 Kelly Avenue, Half Moon Bay, CA 94019

| FOR OFFICE USE ONLY           |  |
|-------------------------------|--|
| Date Entered:                 | _____  |
| <input type="checkbox"/> Cash | <input type="checkbox"/> Credit <input type="checkbox"/> Check # _____ |