



Please complete the following form and return to the Community Services Department.

Adult/Payee Information	
Adult First Name:	Adult Last Name:
Street Address:	
Phone:	Date of Birth:
Email:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Child Information	
Child First Name:	Child Last Name:
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Child First Name:	Child Last Name:
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Child First Name:	Child Last Name:
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Participation Waivers and Releases	

Photo & Video Taping Release: I hereby give my express and unconditional permission and consent to City of MENIFEE to use videotaped or photographed images of me or said minor or otherwise use the name or my likeness or that of said minor for use in the City's publicity or public relations materials and I will not seek any fee or other form of compensation of any type or amount for such use. I hereby give up any rights that I or said minor may have to inspect or approve my images, name or likeness or that of said minor including any advertising copy, printed matter, website or other media or material in which my images, name or likeness or that of said minor may appear in relation to the City publicity or public relations materials. _____Initials

Release from Liability and Indemnification: In consideration for participating in the activity(ies) listed above, I hereby waive, release and discharge any and all claims for damages for bodily injury, personal injury, death, or property damage which I may have or which may hereafter accrue as a result of my participation in the activity(ies). This release is intended to discharge, in advance, the City of MENIFEE, its officers, officials, employees, agents, and volunteers from and against any and all liability arising out of, or connected in any way with, my participation in said activity, even though that liability may arise out of negligence on the part of the City its officers, officials, employees, agents, and volunteers. I understand that the above activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents may occur during the above described activity; and that participants in the above described activity may sustain bodily injury, personal injury and/or property damage as a consequence thereof. Those hazards include, but are not limited to, exposure to the elements, sprains, strains, cuts or contusions associated with strenuous work or the use of tools; over exertion; walking on uneven ground, lifting materials or unpredictable acts by others. Knowing the risks involved, nevertheless, I have voluntarily applied to participate in the above described activity and I hereby agree to assume any and all risks of injury or death and to release the City of MENIFEE, its officer, officials, employees, agents, and volunteers, who through negligence or any other act or omission might otherwise be liable to me. I further understand and agree that this waiver, release, and assumption of risks is to be binding to my heirs and assigns. I further agree to indemnify, defend and hold the City of MENIFEE its officers, officials, employees, agents, and volunteers harm-less from any loss, liability, claim, damage, or expense which may incur as a result of my participation in the above described activity. _____Initials

Refund Policy

Class/Activity Account Credit Policy

There are no refunds for any class, program, activity, or excursion. The City of Menifee Community Services Department is happy to provide credits to your DaySmart account to utilize for a different activity. Participants may request an account credit when notice is given to the Community Services Department at least five (5) business days prior to the first scheduled class of the activity session. Transfers may be granted if notified prior to the first day of class. Account credits do not expire and can be applied toward any CSD class, program, activity, excursion and/or facility reservation. All credits are issued to the City of Menifee DaySmart account. The City of Menifee reserves the right to deny any request for refund or credit.

Cancelled Class/Activity - For classes cancelled at the request of the instructor, or those cancelled due to weather, it is the instructor's responsibility to offer a make-up class for participants. An account credit can be requested via phone, email, or in-person:
 Community Services Department

In-Person: 29995 Evans Road, Menifee CA 92586 Phone: 951-723-3880 Email: communityservices@cityofmenifee.us _____Initials

Assumption of the Risk and Waiver of Liability Relating to Contagious Diseases

The City of Menifee has put in place preventative measures to reduce the spread of contagious disease; however, the City cannot guarantee that you or your child(ren) will not become infected with any communicable disease. I hereby assert that I am in sufficiently sound health and that I have no health condition, illness, or communicable disease that may make my participating injurious to me or others. If I should develop any such condition, illness or disease during the term of activities, I promise to discontinue participation until I have received an appropriate medical release from my doctor. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s participation in this Program. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the City, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City, its employees, agents, and representatives. _____Initials

Acknowledgment

By signing below I acknowledge that I understand the above Photo & Video Taping Release, Release from Liability and Indemnification, Contract Class Refund Policy, and Assumption of the Risk and Waiver of Liability Relating to Contagious Diseases.

Signature: _____

Date: _____