



MENIFEE

ACCOUNT REGISTRATION FORM

New. Better. Best.

PLEASE PRINT ALL INFORMATION COMPLETELY IN BLUE OR BLACK INK.

| Adult/Payee Required Information | | | |
|----------------------------------|---|--|---------------------------------|
| Adult First Name: | | Adult Last Name: | |
| Street Address: | | | |
| City: | | State: | ZIP: |
| Phone: | | | |
| Gender: | | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| DOB: | | <input type="checkbox"/> Prefer not to say | |
| Email Address: | | | |
| <input type="checkbox"/> | I would like to receive email reminders and messages about classes/camps that I or my dependent have enrolled in. | | |
| Child Required Information | | | |
| Child First Name: | | Child Last Name: | |
| DOB: | Gender: | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Adult/Payee Optional Information | | | |
| Cell Phone: | | Carrier: | |
| <input type="checkbox"/> | I would like to receive SMS reminders and messages about classes/camps that I or my dependent have enrolled in. | | |
| Alternate Email Address: | | | |
| <input type="checkbox"/> | I would like to receive email reminders and messages about classes/camps that I or my dependent have enrolled in. | | |
| Emergency Contact: | | Emergency Phone: | |

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.

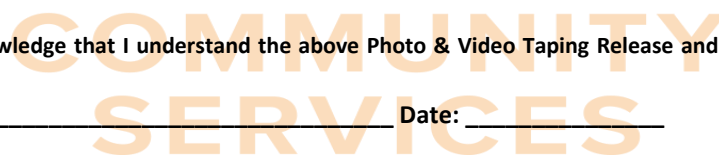
_____ Initials

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

By signing below I acknowledge that I understand the above Photo & Video Taping Release and Release from Liability and Indemnification.

Signature: _____ Date: _____





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REFUND POLICY:

CLASSES/ACTIVITIES:

A full refund/reimbursement of the Class Activity Fee may be issued when notice is given to the Community Services Department via online or in-person submission of the Request for Refund Form at least five (5) business days prior to the first scheduled class of the activity session.

- Requests for refunds received after five (5) business days prior to the first scheduled class of the activity session but before the commencement of the second (2nd) class of the session may still be considered for approval. Approval of such requests is left to the discretion of Community Services staff. If granted, a 20% cancellation fee will be deducted from all reimbursed funds. Classes with only a single meeting are not eligible for refund and such requests will not be considered.
- Requests for refunds received after the commencement of the second (2nd) class of the session will not be considered. Refunds for classes which have already held two (2) classes within the scheduled session will not be granted under any circumstances.
- Online convenience fees will not be refunded. Only the Class Activity Fee is eligible for refunds. Any fees associated with online registration are not considered when issuing refunds of Class Activity Fees.
- Refunds of the Class Activity Fee will not be issued for participant absences, and missed classes cannot be made up in another session of the activity. The City of Meniffee is not liable for any lost value caused by participant absence from a scheduled activity.
- Refunds are not granted on the basis of participant illness. If the participant is unable to continue with an activity after it has begun due to illness or health issue, a medical excuse from a doctor must be provided to obtain a credit that can be applied to enroll in future activities. Charges will be deducted from all approved credits.

Requests for refund may be submitted online on the City of Meniffee website or in person at the Community Services Department offices at the address listed below. Once this form has been submitted there will be no changes allowed. The City of Meniffee reserves the right to deny any request for refund which does not meet the Refund Policy. Please allow 6-8 weeks for processing of any granted refunds.

By signing below I acknowledge that I understand the above refund policy.

Signature: _____ Date: _____

