



LARPD Registration Form and Liability Waiver

Parent/Head of Household (21+ Years): _____

(Last Name)

(First Name)

Street Address: _____ City: _____

Zip: _____ Primary Contact #: _____ Additional Contact #: _____

Email: _____

Emergency Contact Name: _____ Emergency Phone: _____ Relationship: _____

Participants Information					
	First Name	Last Name	Activity Name	Activity Code	Fee
1.					
2.					
3.					
4.					
5.					

Total Collected Registration Fees: _____

Refund and/or Transfers will be granted on or before the first class meeting. No refunds or transfers will be granted after the first class meeting. There is a \$12.00 processing charge on all refunds/transfers initiated by the participant or guardian. If the course is cancelled by Livermore Area Recreation & Park District, the participant will have the option of transferring to a similar program or will be granted a full refund. Refunds may be given after a course has begun due to a particular medical condition if a doctor's note is provided. These refunds are at the discretion of Livermore Area Recreation & Park District. Fees paid via credit card may be refunded to the same credit card used for payment.

By signing below I acknowledge that this or any activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks for myself and my minor children. To the greatest extent permitted by law, the undersigned shall hold harmless, defend and indemnify Livermore Area Recreation & Park District (LARPD) and its subordinate and affiliated agencies, officers, officials, employees, sponsors and volunteers (collectively "Indemnities") from and against any and all liability, loss, damage, expense and costs (including without limitations costs and fees of litigation) of every nature arising out of or in connection with the participation by any of the above-listed Participants in any activity for which such Participant is being registered, except such loss or damage which is caused by the sole negligence or willful misconduct of the Indemnities. Furthermore, I hereby agree that I, my successors and assignees will not make claim against, sue, attach the property of, or prosecute any of the Indemnities for any injury, liability, loss, damage, expense or costs arising out of or resulting from the participation by any of the above-listed Participants in any activity, class, camp, or program through the Livermore Area Recreation & Park District, for which such Participant is registered at any time during January 1, 2019 to December 31, 2019. If any Participant named above is a minor, I certify that I am the legal parent or guardian of the above participant or otherwise authorized to execute this form on his/her behalf that he/she is in good physical condition and I give my permission for him/her to participate in Livermore Area Recreation & Park District activities, classes, camps, and programs. I hereby grant permission to the LARPD to take my or the above Participant's photo while participating in LARPD activities, classes, camps, and programs to use for publicity. A signature is required by each adult Participant on this form. One authorized parent/guardian may sign for all minors. I understand that I am authorized to sign this form on behalf of all Participants listed above.

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

LARPD Staff / Accepted By: _____ Date Scanned/Saved: _____ Filed in Household ID#: _____