

SRD

STRAWBERRY RECREATION DISTRICT

SRD

Registration and Waiver Form

Participant's Name	Birth date	Male/Female	Activity/ Dates/ Times	Fees

TOTAL FEES: _____

Adult / Guardian Contact Information:

Main Contact (first name)	(last name)	Email:	Date of Birth:	Cell Phone:
2 nd contact (first name)	(last name)	Email:	Date of Birth:	Cell Phone:
Address:	City:	State:	Zip Code:	Home Telephone:

Emergency Information should not include Adult/Guardian Contact Information

Emergency Contact (first name)	(last name)	Emergency Contact Relation:	Home Telephone:	Cell Phone:
--------------------------------	-------------	-----------------------------	-----------------	-------------

Please check here if you require special assistance to maximize your participation or call (415)383-6494 for assistance.

POLICIES: Register BY FAX (415)383-6635, IN-PERSON / BY MAIL at 118E Strawberry Drive, Mill Valley, CA 94941. A complete form and payment must be received in order to process registration. All activities, dates, and fees are subject to change. Programs may be cancelled if minimum enrollment is not met. Participants may not make-up classes that have been missed. Returned checks will incur a \$25 service charge.

PHOTOS: SRD reserves the right to photograph facilities, activities, and program participants for potential future use. All photos will remain the property of Strawberry Recreation District and may be used for publicity or promotional purposes only.

CANCELLATION/ REFUND POLICY: Cancellations before the start of each program or session will result in a \$25.00 handling fee per person. **Transfer Fee-** Before the start of each program or session will result in a \$5.00 transaction fee
SRD Camp Refund Policy- 50% refund if requested after June 5, 4:30pm. **NO REFUNDS** will be issued once a program, camp or session has begun. Full refunds will be given for classes cancelled by SRD.

AGREEMENT, WAIVER, AND RELEASE-In consideration for being permitted by the above district to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above district (its officers, employees, and agents) from 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 or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above person or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

PARENTAL CONSENT: (to be completed and signed by parent/guardian if applicant is under 18 years of age.) I hereby consent that my son/daughter, _____ participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity. **I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, & RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.**

Print Name: _____ Signature: _____ Date: _____

PAYMENT INFORMATION: Check (payable to SRD): Cash: Bank Debit/Credit (Visa or MC only) Card:

Name on Bank Card: _____ Bank card #: _____ Expiration Date: _____

OFFICE USE ONLY: Date received: _____ Received by: _____ Check #: _____ Cash: Visa: Master Card: Fee(s) paid \$ _____