



CITY OF CALEXICO RECREATION DEPARTMENT

Receipt # _____

CLASS REGISTRATION

Participants Name (please print) _____

Age _____ Date of Birth _____ Telephone _____

Cell phone _____ E-mail _____

Address _____ Apt. _____ City _____ Zip _____

Emergency Contact _____ Phone _____

Class/Activity	Fee	Total Fees
_____	_____	_____
_____	_____	_____
_____	_____	_____

RELEASE OF LIABILITY, HOLD HARMLESS, AND AGREEMENT NOT TO SUE

(Participants name-If participant is a minor, include name of parent or guardian)

I _____ FULLY UNDERSTAND THAT MY PARTICIPATION

THE _____ (CLASS/PROGRAM) EXPOSES ME TO THE RISK OF PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE. I HEREBY ACKNOWLEDGE THAT I AM VOLUNTARILY PARTICIPATING IN THIS EVENT/CLASS AND AGREE TO ASSUME ANY SUCH RISKS. I HEREBY RELEASE, DISCHARGE, AND AGREE NOT TO SUE CITY OF CALEXICO INSTRUCTORS, CITY STAFF, AND OR VOLUNTEERS FOR ANY INJURY, DEATH, OR DAMAGE TO OR LOSS OF PERSONAL PROPERTY ARISING OUT OF, OR IN CONNECTION WITH MY PARTICIPATION IN THE EVENT/CLASS FROM WHATEVER CAUSE, INCLUDING THE ACTIVE OR PASSIVE NEGLIGENCE OF THE CITY OF CALEXICO INSTRUCTORS, CITY STAFF AND OR VOLUNTEERS OR ANY PARTICIPANTS IN THE EVENT/CLASS. I HEREBY AGREE FOR MYSELF, MY HEIRS, ADMINISTRATORS, EXECUTORS AND ASSIGNS THAT I SHALL INDEMNIFY AND HOLD HARMLESS THE CITY OF CALEXICO, INSTRUCTORS, CITY STAFF, AND OR VOLUNTEERS FROM ANY AND ALL CLAIMS, DEMANDS ACTIONS, OR SUITS ARISING OUT OF OR IN CONNECTION WITH MY PARTICIPATION IN ANY CITY PROGRAM/SPECIAL EVENT.

INITIAL EACH BELOW

_____ PHOTO RELEASE: By participating in our programs, patrons agree to allow the City of Calexico Recreation Department to use photographs, videotapes, and testimonials of participants for use publicity materials free of charge or usage fees.

_____ CHILDREN: No children are allowed in classes where not permitted. Children are not allowed to wait for parents taking a class. The Recreation Department will not be responsible for unattended children.

_____ LATE FEE: A \$10.00 late fee will be charged for monthly payments received after the 5th, of each month.

_____ REFUNDS: A 100% refund will only be granted if a class is canceled by the Recreation Department. No refunds will be issued once classes has started. Refund request must be requested before a class start date.

_____ BEHAVIOR/PUNCTUALITY: Participants are expected to show appropriate behavior at all times. I agree to show respect to all participants and staff. I will not use foul language. I will refrain from causing bodily harm to participants and staff. I understand that if I don't show proper behavior or disrupt the class, I will be asked to leave the program and not be allowed back in. It is essential to be on time. If a participant is late to class, they will need to check with the office to determine if they can join it. If a class has commenced the skill portion of the class, the participant will be asked to attend the next scheduled class.

LIABILITY RELEASE AND WAIVER, COVID-19 CERTIFICATION

COVID-19 CERTIFICATION

By signing this waiver, I represent that, I and each of us listed below do not have Covid-19, and within the fourteen days (14) days I/We have not had any illness or symptoms of illness, including but not limited to fever, cough, or shortness of breath. I agree that the City of Calexico may take and record my temperatures before I am allowed entry to this facility.

COVID-19 SAFETY INFORMATION:

While participating in events held by the Calexico Recreation Department ("CRD"), consistent with CDC guidelines, participants are encouraged to practice hand hygiene, "social distancing" and wear face coverings to reduce the risks of exposure to COVID-19. CRD cannot guarantee that its participants, volunteers, partners, or others in attendance will not become infected with COVID-19.

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in CRD face-to-face activities or events. By attending an CRD event, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among others;
2. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19; or
3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

DUTY TO SELF-MONITOR:

Participants and volunteers agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, contact CRD at recreation@calexico.ca.gov if he/she experiences symptoms of COVID-19 within 14 days after participating or volunteering.

ASSUMPTION OF THE RISK: I acknowledge and understand the following: 1. Participation includes possible exposure to an illness and infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce the risk, the risk of serious illness and death does exist; 2. I know and freely assume all such risks related to illness and infectious diseases, such as COVID-19 even if arising from the negligence or fault of the released parties. I hereby knowingly assume the risk of injury, harm, and loss associated with the activity, including any injury, harm, and loss caused by the negligence, fault, or conduct of any kind on the part of the released parties.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL.

Please Print _____ Signature _____ Date _____

Parent or guardian must sign for those who are under 18 years of age