REGISTRATION FORM

City of Cupertino Recreation and Community Services Department

CUPERTINO

Head of Household Information

PLEASE PRINT

HOME PHONE

LAST NAME

FIRST NAME

EMAIL ADDRESS

CELL PHONE

HOME ADDRESS

CITY

ZIP CODE

EMER. CON.

EMER. CON. PHONE

In consideration for the acceptance of my application for participation in or presence at the aforementioned activity, I HEREBY WAIVE, RELEASE AND DISCHARGE, the Cupertino Recreation and Community Services Department, the Cupertino Union School District, the Cupertino Public Facilities Corporation, the City of Cupertino and the County of Santa Clara, their agents and employees FROM AND AGAINST ANY AND ALL LIABILITY FOR ANY LOSS, PERSONAL INJURY, INCLUDING DEATH, OR PROPERTY DAMAGE THAT MAY HAVE ARISEN OUT OF, OR IN ANY WAY CONNECTED WITH, MY PARTICIPATION OR PRESENCE AT THE AFOREMENTIONED EVENT, EVEN THOUGH THAT LIABILITY MAY HAVE ARISEN OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THE PERSONS OR ENTITIES MENTIONED ABOVE AND HEREIN RELEASED, BUT DO NOT RELEASE THE ABOVE MENTIONED PERSONS OR ENTITIES FROM THEIR FRAUDULENT OR INTENTIONAL ACTS OR FOR THEIRNEGLIGENT VIOLATIONS OF STATUTORY LAW.

Furthermore, I assume all responsibility and agree to indemnify the City of Cupertino and the Cupertino Union School District for any loss, damage or injury to my property, or myself, which may have been caused by negligence, or any act, of any person connected in any way with the aforementioned event. I understand that the City of Cupertino does not guarantee the construction, condition, or safety of the facilities or the equipment and that this Release Agreement is to be binding on heirs, my assigns and me. I/we agree to allow use of my/our photograph for program publicity. I HAVE READ THE ABOVE, UNDERSTAND ITS MEANING AND VOLUNTARILY SIGN IT. PARENT OR LEGAL GUARDIAN MUST SIGN FOR PARTICIPANTS UNDER 18 YEARS OLD.

PARTICIPANT SIGNATURE
(Parent or Guardian if under 18)

DATE

☐ Please check this box if you have any special needs requiring special accommodations for you to fully enjoy a class.

Participant Name (First & Last)	**Birthdate** if under 18	**M/F**	**Grade**	**Activity Title**	**Code 1st Choice**	**Code 2nd Choice**	**Code 3rd Choice**	**Fee**
☐ **YES!** I want to receive email notices of news, special events, and discounts.						**Total Enclosed** $ _____		

CREDIT CARD PAYMENT (check one):
__Visa __MasterCard __Discover __AMEX

Credit Card Number: _____

Expiration Date: _____ CVC# :_____ Authorized Amount:_____

Cardholder Name: _____

Authorized Signature : _____

PAYMENT OPTIONS:

- Checks—made payable to "City of Cupertino"
- Credit Card—Visa, MasterCard, Discover, AMEX
- Cash—Payments made in person (do not mail cash)

Mail your completed registration form to:

Registration
10185 N. Stelling Road
Cupertino, CA 95014
Phone: 408.777.3120 Fax: 408.777.1305