

Section I - Parent/ Legal Guardian Information (Pl	ease Print)	Primary Phone
Last Name	First Name	

□ I confirm my contact information has not changed since my last registration. (Skip to Section 2)

Email Address				Alternate Phone		
Home Address		City			Zip Code	
Emergency Contact Name	Relationship			Phone		

Section 2 - Liability Waiver

I understand that my participation in the event or class exposes me to the risk of personal injury, death, or property damage. I hereby acknowledge that I am voluntarily participating in this event or class and I agree to assume such risks, including risk of personal injury, death, or damage to property. In consideration of acceptance of my application to participate in the event or class for which I am participating, I hereby RELEASE, DISCHARGE, AND AGREE NOT TO SUE, the City of Cupertino, the Cupertino Union School District, the Cupertino Public Facilities Corporation, the County of Santa Clara, the Fremont Union High School District, or any of their employees, contractors, volunteers, or agents ("collectively, City") to the fullest extent legally possible from any injury, death, or damage or loss to 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 City or any other participants in the event or class. I understand that City does not guarantee the construction, condition, or safety of the facilities where the event or class is taking place.

In consideration for being permitted to participate in the event or class, I hereby agree, for myself, my heirs, administrators, executors, and assigns, that I shall indemnify, defend and hold harmless City from any and all claims, demands, actions or suits arising out of or in connection with my participation in the event or class. I further allow my photograph to be taken and used for City purposes without compensation. 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.

IF PARTICIPANT IS UNDER 18: I AM THE PARENT OR GUARDIAN OF THE STUDENT ENROLLED IN THIS EVENT OR CLASS AND HAVE EXECUTED THIS RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE. I HAVE THE LEGAL CAPACITY TO SIGN AND ACT ON BEHALF OF THE STUDENT, AND AGREE TO BIND MYSELF, THE STUDENT, HEIRS, ADMINISTRATORS, AND ASSIGNS TO ITS TERMS.

PARTICIPANT SIGNATURE

(Parent/ Legal Guardian if under 18)

Section 3 - Course Information/ Payment

Please check this box if you have any special needs requiring accommodations for the participant.

Participant Name (First & Last)	Birthdate if under 18	M/F	Grade	Activity Title	Code I st Choice	Code 2nd Choice	Fee
					Total Enclosed	\$	

CREDIT CARD PAYMENT (check one): VisaMasterCardDiscoverAMEX	 PAYMENT OPTIONS: Checks—Payable to "City of Cupertino" Credit Card—Visa, MasterCard, Discover Cash—Exact amount required (DO NOT)
Expiration Date: CVC# : Authorized Amount:	Mail your completed registration form
Cardholder Name:	Registration 10185 N. Stelling Road
Authorized Signature :	Cupertino, CA 95014 Phone: 408-777-3120 Fax: 408-777-1305

, AMEX MAIL)

to:

DATE