

2012 Kaleidoscope Registration

Section A

Last Name _____ Home Phone Number _____

Address _____ Work Phone Number _____

City/ZIP _____ E-mail _____

Emergency Name _____ Emergency Phone Number _____

Section B

Participant's First Name	Date of Birth If under 18	Activity Title	Activity Code 1 st Choice	Activity Code 2 nd Choice	Activity Code 3 rd Choice	Program Fee
		7/9-7/13/12	50179			\$75R/\$85NR
Total Payment						

Section C

In consideration for the acceptance of my application for participation in or presence at Kaleidoscope training activities, I HEREBY WAIVE, RELEASE AND DISCHARGE the Cupertino Parks and Recreation Department, the Cupertino Public Facilities Corporation, the Cupertino Office of Emergency Services, the City of Cupertino, the County of Santa Clara, Santa Clara County Fire District, 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 IN THE CUPERTINO KALEIDOSCOPE PUBLIC SAFETY TRAINING COURSE, 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 THEIR NEGLIGENT VIOLATIONS OF STATUTORY LAW.

Furthermore, I assume all responsibility and agree to indemnify the City of Cupertino, Santa Clara County, and Santa Clara County Fire District for any loss, damage or injury to myself or my property which may have been caused by negligence, or any act, of any person connected in any way with the aforementioned program. I understand that the City of Cupertino, Santa Clara County, and Santa Clara County Fire District does not guarantee the construction, condition, or safety of the facilities or any equipment used during the course of the Cupertino Kaleidoscope Public Safety training and that this Release and Assumption of Risk Agreement is to be binding on me, my heirs and assigns. 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 (proof of age may be required).

Date _____ Signature of Participant/Signature of Parent or Legal Guardian if participant is under 18 years old _____

Refund check payable to _____

Section D

Payment by: Cash Check

VISA Mastercard American Express Discover Card

Credit Card Number _____ Expiration Date ____/____/____ Authorized Amt \$ _____

Name as it appears on the card _____ Authorized Signature _____

- Include with your registration:**
1. Payment
 2. Signature Section C
 3. Signature Section D if credit card payment
 4. Proof of Age if applicable

Mail to Quinlan Community Center 10185 N. Stelling Rd, Cupertino, CA 95014

For Office Use Only

Date received _____ Date processed _____ Problem letter mailed/faxed _____ Confirmation mailed/faxed _____

Received by _____ Processed by _____ Problem letter mailed by _____ Confirmation mailed by _____

Refund due \$ _____ Credit Memo issued for \$ _____ Check # _____ Returned Check _____