

Program Registration

Only members of the immediate family may be registered on this form. Registration is on a first-come, first-served basis. Submit registration in person at the locations listed below or **mail with payment before the deadline or the start of the program** to Community Services Department 605 N. El Dorado St. Stockton, CA 95202.

Arnold Rue Center
5758 Lorraine Avenue
Stockton, CA 95210
937-7350

Community Services Dept.
605 N. El Dorado St.
(2nd Floor)
Stockton, CA 95202
937-8206

Seifert Center
128 W. Benjamin Holt Dr.
Stockton, CA 95207
937-5508

Stribley Center
1760 E. Sonora St.
Stockton, CA 95205
937-7351

Oak Park Senior Center
730 E. Fulton St.,
Stockton, CA 95204
937-7777

Van Buskirk Center
734 Houston Ave.
Stockton, CA 95206
937-7358

Adult/ Parent/ Guardian Name: _____ Birthday: _____

Street Address: _____ City: _____ Zip: _____

Contact #: _____ 2nd Contact #: _____

E-mail: _____ Can we send you informational e-mails? Yes No

Payment – When mailing in registration and paying by check, please include driver's license number.

Driver License #		Expiration Date:			
Participant's Name	Birthday	Course	Location	Program	Cost
TOTAL					

RELEASE: Waiver: In return for being permitted to participate in the program/activity listed on this form (the "Program"), including any associated use of the premises, facilities, staff, equipment, transportation, and services of the City, I hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which hereafter accrue to me, against the City as a result of my participation in the event. This release is intended to discharge the City, its officers, officials, employees, and volunteers, any other involved municipalities or public agencies (collectively, the "Covered Parties") from and against any and all liability arising out of or connected in any way with my participation in the Program, even though that liability may arise out of the negligence or carelessness on the part of the Covered Parties. I further understand that accidents and injuries can arise out of the Program; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the Covered Parties who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. **Images:** I understand that by participating in the Program, I give consent for images of myself taken at the Program to be used for promotional or instructional purposes by the City. **Cancellation:** In the case of an emergency, or for reasons beyond the City's control, the City reserves the right to cancel the Program prior to its commencement without liability. Refunds will be made accordingly. **Severability:** I further agree that this RELEASE is intended to be as broad and inclusive as permitted by law, and that if any portion is held invalid the remaining portions will continue to have full legal force and effect. **I have read this RELEASE and understand that I am giving up substantial rights, including my right to sue. I confirm that I am signing this document freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.**

Signature _____ Date _____