

La Quinta Community Services

Registration Form Complete this form and return the entire page (please one form per person) D.O.B enter your credit card Participant Name_____ Email done! Need help? Call us Parent/Guardian (If applicable) Cell Phone _______Walk In Registration Address_____ City_____Zip____ CODE PROGRAM# PROGRAM NAME DATE LOCATION TIME TOTAL **Photo Policy** On occasion, the City of La Quinta Community Services Department may take photos of participants enrolled in sponsored programs, using parks, and at events. Please be aware that these photos are for City use only and may be used in future promotional materials. **Refund Policy** Full refunds will be processed for any activity cancelled by the City of La Quinta Community Services Department. A refund request must be submitted prior to the 2nd meeting for classes. A \$5.00 processing fee will be assessed for each registration cancellation. Refunds will not be given after the 2nd class meeting. Program transfers may be requested prior to the 2nd class meeting. Refunds for fees paid by cash or check will take approximately 3 - 5 weeks for processing and will be mailed to the person who paid the program fee. Refunds for fees paid by credit card will be processed on the following business day from when refund was approved. The City of La Quinta Community Services Department reserves the right to change, cancel, or add programs without advanced notice. Please initial here to indicate you have read and understand the refund policy..... **Release and Hold Harmless** I, the participant, fully understand that my participation in this program/event/class exposes me to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating in this program/event/class and agree to assume any such risks. I hereby release, discharge and agree not sue the City of La Quinta for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the program/event/class from whatever cause, including the active or passive negligence of the City of La Quinta or any other participants in the program/event/class. In consideration for being permitted to participate in the program/event/class, I hereby agree, for myself, my heirs, administrators, executors, and assigns, that I shall indemnify and hold harmless the City of La Quinta and all claims, demands, actions, or suits arising out of or in connection with my participation in the program/event/class. I have carefully read this release, hold harmless 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. ☐ Participant ☐ Parent/Guardian (If participant is under 18 years of age, Parent/Guardian must sign on the above signature line) OFFICE USE ONLY CHECK (number) CASH CREDIT CARD (facility rental)

DATE RECEIVED

Amount

INITIALS