

REGISTRATION

WITHDRAWALS AND TRANSFERS

If you wish to drop a class or transfer to another session, call us **at least five (5) full working days** before the start date for a refund or credit. **No refunds for non-attendance, one-day workshops, trips or materials fees.**

QUALITY ASSURANCE AND CREDITS / REFUNDS

Try our classes. If, after attending the first class, you are not happy with the quality of the program, call us right away. Tell us what was wrong so we can make it right. If you call before the second class we will give you a full refund or credit. **There are no refunds for non-attendance, one-day workshops, trips or materials fees.** Refunds due to course cancellations can take up to 2 to 4 weeks to process. Cash payments will be refunded by check. A credit left on a customer's account will expire 12 months after the date of issuance.

HOW DID YOU HEAR ABOUT THIS PROGRAM?

- Activity Guide
 On-going Program
 Friend or Family
 Brochure or flyer through school
 City Website
 Email Newsletter
 Cable TV Channel
 Banner/Public Display
 Newspaper
 Other _____

Head of Household	<input type="checkbox"/> Concord Resident <input type="checkbox"/> Non-Resident
Address	<input type="checkbox"/> If you or your child have a special need or disability, please check here.
City	State _____ Zip _____
Email	Phone (Day) _____ Phone (Eve) _____

ACTIVITY REGISTRATION: This is for (check one) **Winter** **Spring** **Summer** **Fall**

Participant Name	Date of Birth	Course #	Course Title	Fee
Total Fees \$				

WAIVER AND RELEASE FROM LIABILITY / ASSUMPTION OF RISK

I, the undersigned, wish to participate in one or more activities (hereinafter collectively referred to as "the Activity") conducted in collaboration with the City of Concord's Parks & Recreation Department. I am aware that serious accidents and injuries occasionally occur during recreational pursuits such as the Activity. In consideration of my participation in the Activity, I knowingly and voluntarily assume all risks arising therefrom, and on behalf of myself, my heirs and assignees release the City of Concord, its officers, agents, employees and volunteers from any and all claims, liens, damages, lawsuits, or liability for property damage, injury or death, resulting from, arising out of, or in any way connected with my participation in the Activity.

I agree and acknowledge that this Waiver and Release From Liability/Assumption of Risk shall apply even in the event that I suffer death, personal injury, or property damage as the result of passive or active negligence on the part of the City of Concord, its officers, agents, employees, or volunteers of the City (with the exception of sole, active negligence, or willful misconduct). In the event that the individual participating in the Activity is a minor, I certify that I am his/her parent or legal guardian and I give my permission for him/her to participate in the Activity. I understand my signature is a legal and binding signature and will be considered original if received by fax.

USE OF PARTICIPANT PHOTOGRAPHS/VIDEO

In addition to the forgoing, I give consent to Concord Parks & Recreation Department or any other media agency authorized by the City of Concord to photograph or video me (or the minor on whose behalf I am signing this waiver), and to use such photographs/video footage in brochures, newspapers, social media, or other forms of media describing City of Concord activities. I agree to advise the City of Concord Parks & Recreation Department in writing if I do not agree to the forgoing.

(check one) **Self** **Parent** **Guardian**

Signature _____ Date _____

Method of payment: <input type="checkbox"/> Check payable to: Concord Parks & Recreation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Amount \$	
Card #: _____	3 or 4 Digit Security Code: _____	Exp. Date Month/Day/Year / /
Print name as it appears on card _____		Signature _____