



# Town of Portola Valley

## Registration Form

Please print all information.

Participant's Name	Age	Course/Activity	Start Date	Class Fee
				\$
				\$
				\$
				\$
Total Class Dues				\$

**Participant or Parent/Adult Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**RELEASE OF LIABILITY AND ASSUMPTION OF THE RISK AGREEMENT:** In consideration of the acceptance of this application for entry into the classes or activities listed on this registration form, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I (or minor child) may have, or which may hereafter accrue to me (or minor child) as a result of my (or minor child's) participation in said classes or activities.

I am aware that these classes or activities subject me (or minor child) to physical risks and dangers, nonetheless, I voluntarily agree to assume any and all risks or injury or death and to release, discharge and hold harmless the Town of Portola Valley and its officials, agents, volunteers and employees who, through negligence or carelessness, might otherwise be liable to me (or minor child), or my (or minor child's) heirs, personal representatives, next-of-kin, spouses or assigns.

I have carefully and fully read this Agreement and understand each and every term contained herein. Furthermore, the significance of this Agreement has been EXPLAINED TO THE MINOR.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Parent  Guardian

**REFUND POLICY:** Refunds for class fees are available only through the second week of scheduled classes/activities. **THERE WILL BE NO EXCEPTIONS.**

Town of Portola Valley  
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