

City of Ukiah Registration Form

Three Easy Ways to Register:



By Mail:

Send your completed form to:
City of Ukiah Recreation Classes
411 West Clay Street
Ukiah, CA 95482



By Fax:

If you are paying with a credit card, you can fax the completed form to:
(707) 463-6740



In Person:

Forms may be delivered directly to the City of Ukiah from
8:00 am – 5:00 pm
Monday – Friday
411 West Clay Street

| Last Name, First Name | DOB | M/F | Course Title | Date & Time | Fee |
|--|-----|-----|--------------|---------------------------------------|-----|
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| Refunds are granted only if a written request is received by the City of Ukiah before the second class meeting. There is a 15% administrative fee deducted from all refunds. | | | | \$4.00 Non-Resident Per Course Fee | |
| | | | | Total | |

RELEASE FROM LIABILITY AND INDEMNIFICATION

Please Read and Sign:

In consideration of the acceptance of my application for entry into the above stated recreation activity(ies), I hereby waive, release, and discharge any and all claims for damages for personal injury or property damage or losses, expenses, including reasonable attorney fees, which I may have or which may hereafter accrue to me, against the City of Ukiah as a result of my participation in the activity(ies). This release is intended to discharge the City of Ukiah, its officers, officials, employees, instructors, agents, and volunteers, from and against any and all liability arising out of or connected in any way with my participation in the activity(ies) even though that liability may arise out of the negligence or carelessness on the part of other persons. I further understand that accidents and injuries can arise out of the activity(ies). Knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless the City of Ukiah and all of the persons mentioned above who 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 risks is to be binding on my heirs and assigns.

I, the undersigned or parent/guardian of the individual named below do hereby agree to allow the individual named herein to participate in the aforementioned activity, and I further agree to indemnify and hold harmless the City of Ukiah and its instructors, agents, officers and employees from and against any and all liability resulting in injury associated with that individual's participation in this activity(ies).

I/We agree to allow use of my/our photograph for program publicity. I/We have read and agree to the registration and program policies. I have read and understand the previous paragraphs.

Signature _____ Date _____
Signature Required (Parent or guardian must sign for minor under 18 years of age)

Print Name _____

Mailing Address _____ City _____

Day Phone _____ Night Phone _____

E-Mail Address _____

Person to Notify in Case of an Emergency:

Name _____ Phone _____

For Official Use Only:

Amount Paid: \$ _____ Payment Method: _____

| | | | | | |
|------------------------------|------------|--------|------------------------------------|--|--|
| CREDIT CARD PAYMENT | | | RECREATION 100.0700.521.001 | | |
| VISA | MASTERCARD | NUMBER | EXPIRATION DATE | | |
| NAME (AS IT APPEARS ON CARD) | | | AMOUNT \$ | | |
| SIGNATURE | | DATE | PHONE# | | |