



Valley of the Falls Community Center, Inc.

Forest Falls, California

ACTIVITY/CLASS REGISTRATION FORM

(One Participant Per Form)

Participant Name _____ VFCCi Member # _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

Parent/Guardian Name (if under 18) _____ Email Address _____

Mailing Address _____ Birth Date _____

Emergency Contact Name _____ Phone (_____) _____

CLASS/EVENT NAME	START DATE	LOCATION	FEE

In consideration of the acceptance of my enrollment into the above event, 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 Valley of the Falls Community Center Inc. (VFCCi) as a result of my participation in the event. This release is intended to discharge VFCCi, its officers, officials, employees and volunteers, any other involved organizations or public agencies from and against any and all liability arising out of or connected in any way with my participation in the event, even though that liability may arise out of the negligence or carelessness on the part of persons or entities mentioned above. I further understand that accidents and injuries can arise out of the event; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all the persons or entities mentioned above 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.

Current VFCCi members are not required to complete this form provided they have fully completed and signed the Membership Application containing hold harmless/release of liability clause. These members are still required to sign the class/activity attendance sheet and provide their membership number.

Activity Refunds: Full refund/credits are available for events cancelled by VFCCi. If a credit is issued, it will be valid for one year from date of issue. There will be no prorating of refunds. Students/attendees requesting refunds will be subject to a \$10 service charge. Refund requests must be received prior to the start of the second scheduled class/event. NO refund requests will be accepted after the completion of the class.

I hereby represent that I understand and am familiar with the nature and inherent risks associated with the activities in which I (or my child) will participate in this program.

Participant or Parent/Guardian Signature _____
Date

VFCCi USE ONLY Amount received \$ _____ Form payment _____ cash _____ check _____ visa/mc
Date received: _____ Received by: _____ Added to class roster date: _____ By: _____