

TOWN OF COLMA REGISTRATION FORM

Adult/Guardian Name: _____
(First Name) (Middle Initial) (Last Name)

Address: _____
(City) (Zip)

Home: () _____ Cell: () _____ Email: _____

Participant's Full Name	Grade/ Age	Sex (M/F)	Birth Date	Activity Name & Session	Program Fee
Total Fees:					

Liability Release

In consideration of the acceptance of my application for entry into each above activity, 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 Town of Colma as a result of my participation in the activity. This release is intended to discharge the Town of Colma, its officers, officials, employees and volunteers, any other involved municipalities or public agencies from and against any and all liability arising out of or connected in any way with my participation in the activity, even though that liability may arise out of the negligence or carelessness on the part of persons or Town of Colma. I further understand that accidents and injuries can arise out of the activity; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies 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.

I am aware of the cancellation policy and the penalties involved for activities for which I have registered myself and family. I realize that while participating in any Town sponsored activities myself or a family member may be photographed and that photo may be used for a future Town of Colma publication, report, flier and/or advertisement.

Participant waives and releases the Town of Colma from any and all claims, causes or action, allegations, or assertions that may arise relating to infection of any person by COVID-19 or other communicable disease that occurs, or is alleged to occur, during the Activity. Participant also agrees to defend, indemnify, and hold Town of Colma official, agents and employees harmless arising from or relating to actual or alleged infection occurring during the Activity, except where caused by the sole negligence or willful misconduct of the Town of Colma.

CANCELLATION/REFUND

Any cancellation of a program registration will result in a total or partial loss of program registration fee. If cancellation of program registration is made at least fourteen (14) days in advance of program start date, a full refund will be issued. If program registration is cancelled less than fourteen (14) days of program start date, a credit on account will be issued. No refund will be given. Medical emergencies or illnesses are exempt from this policy. However, a medical certification from your doctor will be required. Requests for program cancellation must be submitted in writing. Any no shows or cancellations once program has started, no refund or credit will be given unless written medical certification is shown.

Certain programs may have specific refund policies (such as Ticket Sales, Field Trips, senior programs and etc.). This will be clearly stated on registration sheets for those programs.

Signature _____ Date _____

Parental Consent: (To be completed if participant is under 18 years of age). I give my consent for my son/daughter _____ to participate in the above activity and I execute the above liability release on his/her behalf.