TOWN OF COLMA DAY CAMP REGISTRATION FORM

Adult/Guardian Name: (First Name)					(Middle Initial)	(Last Name)	
Address:								
/ 1221 0001					(City)		(Zip)	
Home: ()	Cell: ()		E	mail:		
	Participant's Full Na	ame	Grade/ Age	Sex (M/F)	Birth Date		Activity Name & Session	Program Fee
			7.80	(1 1/1)				1 66
			-		-	-	Total I	Fees:
								I
			L	iabili	ty Releas	e		
part of personevertheless who (through and agreed to the lam aware of the lam aware of the lam aware found future Town Participant we relating to in Participant al	ons or Town of Co, I hereby agree to he negligence or car hat this waiver, released to the cancellation posting in any Town of Colma publicativatives and releases fection of any persus agrees to defen	Ima. I further und assume those risl telessness) might be ease and assumption of the pensonsored activition, report, flier at the Town of Colion by COVID-19 d, indemnify, and	derstanders and too therwision of rision of rision of rision of rision of rision of rision of the hold Touctivity, of	I that acci o release se be liable sk is to be volved for elf or a fa dvertisem any and ar commu wn of Co except wh	idents and injuriand to hold har le to me (or my e binding on my ractivities for wally member ment all claims, cause linicable disease blma official, agenere caused by	ies can aris mless all o heirs or a heirs and which I have any be phot es or action that occur ents and em the sole ne	e out of the negligence or care out of the activity; knowing to the persons or agencies ment signs) for damages. It is furthassigns. The registered myself and family, ographed and that photo may allegations, or assertions that so, or is alleged to occur, during aployees harmless arising from gligence or willful misconduct	the risks, tioned above er understood I realize that be used for a may arise g the Activity. or relating to
			CAN	CELLA	TION/REF	UND		
registration i cancelled less emergencies program can given unless Certain prog	s made at least fou s than fourteen (14 or illnesses are ex cellation must be s written medical cel	rteen (14) days in b) days of progran empt from this po ubmitted in writin rtification is show ecific refund polici	advanch start dolicy. Ho ng. Any ng. Any	e of prog ate, a cre owever, a no shows	ram start date, dit on account medical certific s or cancellation	a full refun will be issu cation from ns once pro	gistration fee. If cancellation of d will be issued. If program re ed. No refund will be given. M your doctor will be required. ogram has started, no refund o programs and ect.) This will be	gistration is edical Requests for r credit will be
Signature_						Date		
- 0								

to participate in the above activity and I execute the above liability release on his/her behalf.