



STATE STREET RECREATION CENTER

716 NORTH STATE STREET, LOS ANGELES, CA 90033 | PHONE: (213) 847-2790
EMAIL: STATESTREET.RECCENTER@LACITY.ORG | INSTAGRAM: @STATESTREET.RECREATIONCENTER



CLASS/ACTIVITY REGISTRATION FORM

PARTICIPANT INFORMATION

FIRST Name:		LAST Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Date of Birth:		Age:		School:	
Home Address		Unit	City	State	Zip Code
Name of Parent or Guardian:			Home Phone: - -		Cell Phone: - -
Email Address:					

CHECK THIS BOX TO BE INCLUDED ON THE EMAIL LIST CHECK THIS BOX IF ADDRESS/PHONE NUMBER HAVE CHANGED

EMERGENCY INFORMATION

Name (FIRST/LAST)	Relationship	Home Phone - -	Cell Phone - -
Name (FIRST/LAST)	Relationship	Home Phone - -	Cell Phone - -

CLASS INFORMATION

SESSION: SUMMER FALL WINTER SPRING

CLASS	RECEIPT #	FEE	RECEIVED BY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

PAYMENTS MAY BE MADE WITH CASH (EXACT CHANGE), DEBIT OR CREDIT (VISA/ MASTERCARD) AND BY CHECK. REFUNDS ARE SUBJECT TO A 15% ADMINISTRATIVE FEE. NO REFUNDS WILL BE ISSUED WITHIN A WEEK OF CLASS SESSION START DATE OR ONCE THE ACTIVITY HAS BEGUN. THERE ARE NO CREDITS OR MAKE-UP DAYS FOR MISSED DAYS. NO CLASSES ON OBSERVED HOLIDAYS.



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RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

COVID-19 ACCEPTANCE OF RISK AND WAIVER LIABILITY

By my participation I am fully aware that there are a number of risks associated with my entering onto City of Los Angeles Department of Recreation and Parks (RAP) property, participating in RAP programs, and utilizing RAP equipment and facilities during the COVID-19 pandemic. This waiver, release, and other representations and covenants set forth herein are given in consideration for RAP permitting me to participate in RAP programs during this emergency period.

Therefore, without limitation, I understand that I could contract COVID-19 disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death.

On behalf of myself and/or my heirs, successors and assigns, I knowingly and freely, assume all such COVID-19 related risks, both known and unknown, relating to my onto RAP property, participation in RAP programs, and utilization of RAP equipment and facilities as described above, and I hereby forever release, waive, relinquish, and discharge RAP, along with its officers, agents, employees, or other representatives, and their successors and assigns (collectively, the "**City Representatives**"), from any and all COVID-19 related claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "**Damages**") as a result of me entering onto RAP property, participating in RAP programs, and utilizing RAP equipment and facilities as described above, including but not limited to personal injuries, death, disease or property losses, or any other loss, and including but not limited to claims based on the alleged negligence of any City Representative or any other person related to COVID-19 sanitization. I further promise not to sue RAP or any City Representative, and agree to indemnify and hold them harmless from any and all Damages resulting from my contraction of COVID-19.



Initial

AUTHORIZATION TO PARTICIPATE

I understand that certain activities by nature have an increased risk of injury, including death, despite extensive measures taken by staff to provide a safe environment and ensure my safety. I understand the nature these activities and I am aware of my experience and capabilities and believe to be qualified, in good health and in proper physical and emotional condition to participate in such activities. I agree to relieve the City of Los Angeles, Department of Recreation & Parks, its officers and agents and employees from any injury to myself in connection with these programs. I further understand that the City of Los Angeles Department of Recreation & Parks **CARRIES NO INSURANCE.**



Initial

CONSENT TO TREATMENT

I, _____, do hereby authorize the City of Los Angeles Department of Recreation & Parks to act as agents for the undersigned to consent for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specialized supervision of any physician licensed under the provisions of the Medicine Practice Act on the staff of the licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or a said hospital. It is understood that this authorization is given in advance of any such diagnose, treatment or hospital care which the aforementioned physician in the exercise of their best judgment, may deem advisable. This authorization shall remain effective through the conclusion of the event or program that I am participating in, unless revoked sooner in writing and delivered to said agent.



Initial

VIDEO/PHOTO RELEASE

By registering, I authorize the City of Los Angeles, Department of Recreation and Parks, to make, procure or use photographs, film, tapes, or other likeness of my physical image and /or voice as may be needed for use with the programs publicity material in perpetuity without compensation.



Initial

PRINT NAME

SIGNATURE

DATE