ADIIIT/GIIARDIAN FIRST NAME.

ADOLI, GOARDIAIT I IKOI ITAI	712.				
ADDRESS:		CITY:	ZIP CODE	ZIP CODE:	
DATE OF BIRTH:	*If you choose no	ot to provide, y	our birthday will be defaulted i	to 01/01/1960	
HOME PHONE:	CELL PHONE:		WORK PHONE:		
EMAIL ADDRESS:					
PARTICIPANT S NAME	DATE OF BIRTH	CLASS #	CLASS TITLE	FEE	
			TOTAL		
	Payment: [] Che	ck [] Cash	[] Credit Card		
Credit Card Number:					
Expiration Date:	CVV (3 or 4 digit code on back of card):				
Cardholder Signature:	Date:				

ΙΔςΤ ΝΔΜΕ·

WAIVER & RELEASE OF LIABILITY I (we) participate in the aforementioned activity(ies) voluntarily, assume all liability for and hold harmless the City of Hermosa Beach, it's agents and employees from any and all harm, accidents, personal injury or damage to property which the above listed participants may suffer arising out of, or in any way connected with participation in the activity.

REFUNDS & TRANSFERS Requests must be made in writing and received before the start of the second class meeting. I (we) understand that each request is subject to a \$15 administrative fee. I (we) understand that there are no refunds on excursions unless cancelled by the City of Hermosa Beach Community Resources Department.

PHOTO RELEASE I (we), the participant and/or the individual named hereof, understand that the aforementioned individual's photograph may be taken and the images will be utilized in a variety of media by the City of Hermosa Beach for promotion of City programs. I (we) give unqualified permission to allow the City to take these photos and use them as described. I (we) understand that the City owns the copyright to the images that it creates and that the City may publish or broadcast the images at any time and that I (we) possess no right to the images or to any compensation.

COVID-19 WAVIER By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by COVID-19 by participating in recreation activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 through recreation programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City of Hermosa Beach employees, volunteers, and program participants and their families.

I assume all risks of damages and injury to myself arising out of or attributable to my participation in recreation activities during the COVID-19 pandemic. I, for myself, my heirs, executors, administrators and assigns, hereby release and discharge the City of Hermosa Beach and its officers, employees and agents, from any and all claims for losses, injuries, damages or liabilities, including personal injury and injury to personal property arising out of or attributable to my participation in recreation activities during the COVID-19 pandemic, and I expressly release the above-named parties from and against any and all claims or liability arising from their negligence. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with participation in recreation activities. On my behalf, and on behalf of my child(ren)s, I hereby release, covenant not to sue, discharge, and hold harmless the City of Hermosa Beach, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City of Hermosa Beach, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in recreation activities.

X	
SIGNATURE (PARTICIPANT OVER 18 YEARS C	DF AGE OR PARENT/LEGAL GUARDIAN)
PRINTED NAME	DATE