

City of Saratoga Recreation & Facilities Department  
 19655 Allendale Avenue - Saratoga, CA 95070  
 Phone 408-868-1249 / fax 408-868-1279



## ACTIVITY & TRIP REGISTRATION FORM

### Release of Liability, Permission to Treat, and Photo Authorization

By my signature below, I agree to release and hold harmless the City of Saratoga and its officers, employees, and volunteers from any claim, demand, or cause of action for injury to the participant(s) named below or damage to his/her personal property which arises out of or is in any way connected with the Saratoga Recreation Department programs and any travel in connection with such programs. I understand that participation in physical activities may be dangerous. The City of Saratoga will not be responsible in case of accident, injury, illness, or property damage. I hereby give my consent to the City of Saratoga and/or the host organization to provide customary medical attention, treatment, transportation, and emergency medical services as warranted in the course of my/my child's participation. In the event of such an emergency, the City will not be obligated to delay any portion of the trip or activity which may require you to find alternative transportation from the trip/activity. I agree that the City of Saratoga may take, use, reuse, publish, and republish photographs of or including the above named participant(s) for advertising and any other purpose in any manner and medium and without restriction on alternations or composition. *I understand no refunds will be given for City-run camps or trips.*

If signing on behalf of one or more minors, I hereby warrant that I am a legally competent adult and a parent or legally appointed guardian of the minor(s), and that I have every right to contract for the minor(s) in the above regard.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name (adult): \_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact (and phone #): \_\_\_\_\_

Participant's Name	Date of Birth	Sex	Class / Trip Title	Activity Number	Fee

TOTAL: \_\_\_\_\_

Please make checks payable to "The City of Saratoga" or

**VISA or MasterCard** gladly accepted:

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC #: \_\_\_\_\_

Signature: \_\_\_\_\_