

Minor Release Form

PLEASE PRINT CLEARLY

Office Use Only

Participant's Name: _____

Telephone Number: _____ Birth date: _____ Age: _____

Medical Problems, medication, conditions, special needs, request or comments: _____

I authorize my child to participate in the program titled below and partake in any field trip during this session. In case of an emergency I authorize a city employee to seek treatment for my child from an available licensed physician. I also authorize a city employee to seek emergency transportation for my child to the nearest hospital. I realize that the City of Bell Gardens will not assume responsibility for payment of medical fees or expenses incurred.

The undersigned promises to indemnify and hold harmless the City of Bell Gardens and its elected representatives, directors, agents, or employees from any and all claims, demands, actions, liability or loss which may arise from or be incurred as the result of an injury or damage to persons or property arising out of participation in or the presentation of recreation activities/events.

I agree that the City of Bell Gardens may take and use such photographs of my child with or without their name and for any lawful purpose, such as publicity, illustration, advertising, and Web content. I grant the City of Bell Gardens, its representatives, and employees the right to take photographs of my child and my property in connection with the identified subject. I authorize the City of Bell Gardens, its assignees and transferees to copyright, use and publish the same in print and/or electronically.

Please circle all the classes you are enrolling your child in for this month.

- | | | | | | |
|---|---|---|---|---|--|
| I Can Dance 4p
Thurs.@NYC | Pepsters 5p
Tues.&Thurs.@BGVP | Hip Poppers 5p
Fri.@BGVP | Fit & Strong 5:30p
Mon@BGVP | Aerobics 10a
Mon-Fri@ Ford | Aerobics 7p
Mon-Thurs@ Ford |
| Ballet & Tumbling 5p
Mon.&Wed.@BGVP | Ballet & Tumbling 6p
Mon.&Wed.@BGVP | Ballet & Tumbling 7p
Mon.&Wed.@BGVP | Folklorico 5:30p
Sat.@Ford | Karate Kidz 5:10p
Mon.&Thurs.@BGVP | Karate Beginners 6p
Mon.&Thurs.@BGVP |
| | | | | Karate Advanced 7p
Mon.&Thurs.@BGVP | |

Parent or Legal Guardian Name (Print): _____

Parent or Legal Guardian Signature: _____ Date: _____

Please Note: REFUND will only be granted if activity is cancelled by the City of Bell Gardens.

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