



# CRPD PROGRAMS REGISTRATION FORM

- ① Select activity/ies.
- ② Complete Registration Form below and **SIGN WAIVER!**
- ③ Mail or FAX form with your check or credit/debit card number:  
 \*CRPD Registration, 403 W. Hillcrest Dr., Thousand Oaks, CA 91360 \*FAX: 805-777-7391

Adult Name First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_ Check here for address or name change:

ACTIVITY NUMBER / TITLE			Participant's Full Name	Birthdate	Sex M/F	1st Choice Fee
1st Choice	2nd Choice	3rd Choice				
<b>TOTAL</b> →						

Method of Payment:  MasterCard  Visa  Visa/MC Check/Debit Card  AmEx  Discover  Check/Money Order (payable to CRPD)

Cardholder's Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_

Charge to Card # \_\_\_\_\_ Exp. Date (mm/yy) \_\_\_\_\_

**ONE FAMILY PER REGISTRATION** • Date of birth MUST be included for YOUTH participants • **DO NOT MAIL CASH.**

Write one check for total amount; returned checks subject to \$25 fee. NOTE: CRPD does not check the background of program participants.

## AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the Conejo Recreation & Park District ("CRPD"), City of Thousand Oaks ("CTO"), Conejo Open Space Conservation Agency ("COSCA"), Conejo Valley Unified School District ("CVUSD"), and City of Westlake Village ("WLV") to participate in the above activities, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activities. This release is intended to discharge in advance the CRPD, CTO, COSCA, CVUSD, and WLV (collectively "entities") (including their officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activities, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs, administrators, executors, and assigns, and that I shall indemnify and to hold the above persons or entities (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or is connected in any way with my participation in said activities. Additionally, I fully understand that my participation in the above-referenced activities exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

**VIRTUAL CLASS RELEASE:** I hereby warrant and agree, that the conditions of my environment are safe, free from obstructions, and are suitable for participation in the above-referenced activity. I further understand and agree that any material downloaded, viewed or otherwise obtained through my participation in said activity is done at my own risk and the District is not responsible for any loss, alteration, corruption or other damage to my personal property, including computers, networks and other property used as part of my participation.

**PHOTOGRAPHIC RELEASE:** I understand that photographs may be taken during these activities and hereby grant the District permission to use any such photo(s) for advertising or in promotional materials.

**PARENTAL/GUARDIAN CONSENT** (to be completed/signed by parent/guardian if participant is under 18 years of age): I hereby consent that those listed above participate in the above activities, and I hereby execute the above Agreement, Waiver, and Release on his/her/their behalf. I state that said minors are physically able to participate in said activities. I hereby agree to indemnify and hold the persons and entities mentioned above (including their officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or is connected in any way with said minor/s' participation in said activity.

I UNDERSTAND THAT IMPORTANT INFORMATION is available regarding 1) concussions that may occur during physical activities, and 2) information regarding the use of opioids, and acknowledge receipt of the information via [www.crpdp.org/concussion](http://www.crpdp.org/concussion) & [www.crpdp.org/opioid](http://www.crpdp.org/opioid).

**CONSENT FOR EMERGENCY MEDICAL TREATMENT:** As the participant or the parent, legal guardian, or appointed conservator of the participant of this program, I hereby give consent to CRPD to obtain all medical or dental care for myself or my dependent as prescribed by a duly licensed medical professional. This care may be given for whatever conditions are necessary to preserve the life, limb, and well-being of myself or my dependent.

I UNDERSTAND THAT CRPD HAS A CODE OF CONDUCT ([www.crpdp.org/conduct](http://www.crpdp.org/conduct)) and agree to abide by its conditions.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE ORGANIZATIONS AND I SIGN IT OF MY FREE WILL.**

Signature \_\_\_\_\_

Name (Printed) \_\_\_\_\_

Date \_\_\_\_\_

I am requesting information regarding the Inclusion Process.

**Please make sure a CRPD staff person is on-site before leaving children at a scheduled activity.**