

Registration

Online registration: www.staunton.va.us/recreation



Mail-in Registration

Name _____ Date of Birth ____/____/____
Address _____
City _____ State _____ Zip _____
Phone AM/PM _____ Email _____
Emergency Contact _____ Emergency Contact Phone _____
Emergency Contact Address _____

Program/Class/Trip _____	Program Date/Time _____	\$Price _____
Program/Class/Trip _____	Program Date/Time _____	\$Price _____
Program/Class/Trip _____	Program Date/Time _____	\$Price _____
Program/Class/Trip _____	Program Date/Time _____	\$Price _____

Program/Class/Trip Total (Do not include materials fee) _____
Adults (Over 55) 10% Discount (excludes trip & special event prices) _____
Non-City Residents Fee add \$2.00 per program/class/trip per person _____
Total sent: _____

Travel Policy

All trips are to be paid in full when signing up unless another specific option is available where a minimum of 50% deposit is required for each person. Once a payment is received from a patron they are considered to have an official spot on the trip if there is available space. All patrons understand that there is a no refund policy in effect unless the Recreation department decides to cancel a trip. It is at the Recreation department's discretion on the cancellation of trips and most will be done in a timely manner. In some extreme cases such as death or serious medical conditions a refund may be available to a patron of a trip minus any expense the Recreation department may incur. Name changing fees may occur on trips involving plane flights. In cases regarding deposits; if the balance isn't paid by the deadline, patron may lose full deposit and spot on the trip.

Before registration form is complete, you will be required to sign and date on the reverse side of this form that you have read, understand and accept this addition to our registration process. If registering for a trip, please list EMERGENCY CONTACT (name, address, and phone number).

WALK-IN: Irene Givens Admin Building – Montgomery Hall Park 1000 Montgomery Ave – Staunton, VA 24401

MAIL-IN: Mail your completed registration form & check to: Staunton Parks & Recreation Department – PO Box 58 – Staunton, VA 24402-0058
www.staunton.va.us/recreation – www.facebook.com/StauntonRecreationParks

PARENT'S AND PARTICIPANT'S INFORMED CONSENT, AUTHORIZATION, AND RELEASE

(This is a legal document. Read carefully before signing.)

To the fullest extent permitted by law, in consideration of the person noted below being allowed to participate, with each and all person/s acknowledging the opportunity to ask questions, be aware and receive full information, understanding and give voluntary consent regarding the potential risks in any physical or other activity/ies involved generally and particularly and inherently in parks and/or recreation programs, including those inherent related to a trip or travel, the undersigned individual/s VOLUNTARILY AND UNCONDITIONALLY on behalf of the undersigned and as well as by the participant personally, if the participant is at least 18 years of age, and for successors in interest AGREE that the undersigned:

- **ASSUMES ALL RISKS**, and
- **FOREVER WAIVE/S AND RELEASE/S** the City of Staunton, its departments and agencies, officials, employees, agents, representatives and volunteers (individually and collectively the "City") from any claims and liability of any nature whatsoever, for **ANY KIND OF PERSONAL INJURY, ILLNESS, DEATH, EXPENSE, COST, AND DAMAGES** except those not subject to waiver or release under the law, and
- **FOREVER WAIVE/S AND RELEASE/S ALL PROPERTY DAMAGE, LOSS AND/OR DAMAGES** that may relate, directly or indirectly, to the program and activity/ies connected with the City in any aspect of it/them at any time and at any place whether before, during or afterwards, and
- **FOREVER AUTHORIZE/S** the City to seek and obtain **CARE, MEDICAL ATTENTION AND TREATMENT** of any kind for the participant whether the treatment occurs without knowledge of the quality of care or treatment provider or facility, and **ACCEPTS FULL RESPONSIBILITY AND LIABILITY FOR ANY CHARGES OR EXPENSES AND/OR COSTS** incurred or related to such care and treatment, including EXPENSE related to transportation or early return home, whether or not it is covered by any insurance policy, plan or program or agreement of any kind.

* Pursuant to the City's Travel Policy (*See Reverse Side*), which is incorporated by reference and may be changed at any time, once payment is made for the program or activity, including any required deposit or payment in full, there is NO REFUND unless an authorized City person cancels the trip entirely, with such a decision being within the sole discretion of the City. TIME IS OF THE ESSENCE in making any payment by the designated time. The failure to make timely payment strictly as specified completely waives the opportunity to participate in the program or activity without further notice.

Each provision of this document is separable, and each such provision, including each clause, stands on its own. The City does not waive and expressly preserves any immunity of any kind as allowed by law.

Participant Signature: _____

Emergency Contact: _____

Witness: _____

Date: _____

If participant is a minor under the age of 18

Participant Name: _____ Date of Birth: _____

Parent/Guardian Name/s: _____

Parent/Guardian Signature/s: _____