

Registration Form



Please register early! Activities will be cancelled if the class minimum is not met.
Signing up on the day of the activity will not resurrect it!

Mail to: Renaud Spirit Center, 2650 Tri Sports Circle, O'Fallon, MO 63368 or **Fax to:** (636) 474-8190

Participant _____ Phone (H) _____ (W) _____
Address _____ City _____ Zip Code _____
Subdivision _____ Birthdate _____ Gender M F

Program Name _____

Course Code _____

Day(s) M TU W TH F SA SU

Start Date _____ Time _____

Participant's Shirt Size (*circle one*)

Y-S A-S A-XL
Y-M A-M A-XXL
Y-L A-L Other _____

FOR OFFICE USE ONLY

Fee Paid \$ _____

Check/Check Number _____ Cash

Charge or Debit (MasterCard or Visa only)

Name on Card _____

Card Number _____

Expiration Date _____

Received By _____ Date _____

The City of O'Fallon and the Department of Parks and Recreation exercises a Hold Harmless Policy during all sponsored programs and events. Your signature below releases the City of O'Fallon and its representatives from any and all claims which may arise out of any accident or injury when participating in a program sponsored by the City.

Parent/Guardian _____

Date _____

Signature _____

Driver's License Number _____

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in the City of O'Fallon programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims, damages or losses which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participate in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or losses, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) against the City of O'Fallon, including its agents, elected officials, employees, and volunteers (hereinafter collectively referred to as City of O'Fallon), including claims of negligence.

I do hereby fully release and forever discharge the City of O'Fallon from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward arising out of, connected with, or in any way associated with City of O'Fallon programs/activities, including claims of negligence.

I also agree to grant full permission to the City of O'Fallon to use my name, photo, video or recording for publicity or promotional purposes without obligation or liability to me or my family.

I have read and understand the above information, including Warning of Risk, Waiver and Release of All Claims and Assumption of Risk.

There are no make-ups for missed classes. Refunds are given with the approval of the program supervisor. A processing fee of \$5.00 or 10%, whichever is greater, applies to each class refund request not initiated by the City of O'Fallon.

Signature _____ Date _____

If under 18, Parent/Guardian Signature _____

Thank you for your patronage! Your check is your receipt. If you require a different receipt please enclose a self-addressed stamped envelope with your paid registration.