



TAI CHI FOR SENIORS PROGRAM

2024

Carmichael Recreation and Park District
5325 Engle Rd, Suite 100 Carmichael, CA 95608
Phone: 483-7826 www.carmichaelpark.com

FIRST NAME: _____ LAST NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PRIMARY PHONE: _____ SECONDARY PHONE: _____
E-MAIL ADDRESS: _____

Please check one:

- 1-Day Per Week = \$40 (R) \$42 (NR)
- 2-Days Per Week = \$70 (R) \$74 (NR)

Payment

VISA: _____ MASTERCARD: _____ Check # _____ Cash _____

Credit Card Payments:

Acct. #: _____ Exp. Date: _____ Sec. Code: _____

Card Holder's Name: _____ Signature: _____

AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the District to participate in the above-referenced activity, 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 activity. This release is intended to discharge in advance the District (including its officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, 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 hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with my participation in said activity.

Additionally, I fully understand that my participation in the above-referenced activity 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.

PHOTO and LIABILITY RELEASE: By signing this agreement, you are agreeing to release photo rights, including waiving any right of compensation, to Carmichael Recreation & Park District (CRPD). CRPD reserves the right to photograph facilities, activities, and program participants for potential future use, which may include sharing the photos with the Carmichael Recreation and Park District Foundation dba Carmichael Parks Foundation to use the photos to inform and promote the CRPD. **You further hereby release CPRD and Carmichael Parks Foundation from and against any injury or damage arising out of or related to the aforementioned activities.** All photos will remain the property of Carmichael Recreation & Park District.

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 DISTRICT AND I SIGN IT OF MY FREE WILL.

Signature

Name (Printed)

Date

Office Use Only

Office Receipt Number: _____