



## ADULT CLASSES Student Registration Form (18 years of age and above)

Season: ☐ Spring ☐ Summer ☐ Fall ☐ Winter

Year: 20\_\_\_\_\_

### STUDENT INFORMATION

\* Required Field

☐ New Student ☐ Returning Student

M - Male  
F - Female

First Name\*

MI

Last Name\*

Gender\*

Street Address\*

City\*

State\*

Zip Code\*

Phone Number\*

Alt. Phone Number

Email\*

DOB (MM/DD/YY)\*

Number of Classes in Session Number\*

Class Title\*

Emergency Contact #1 (Name & Relation)\*

Phone\*

Emergency Contact #2 (Name & Relation)

Phone

If applicable, list any medical problems, physical limitations, allergies, etc.

### PAYMENT INFORMATION

Payment Type: ☐ Cash ☐ Check Amount Due: \_\_\_\_\_ Receipt #: \_\_\_\_\_

### TERMS, CONDITIONS, RELEASE & WAIVER

**Payment Policy: Registration & Payment Policy:** Registration forms must be received by Penrose Park & Recreation District ("PPRD") no later than ten days before a program starts in order for the student to participate. Full payment must accompany the participant's application.

**Cancellation Policy:** In the event of low registration, classes may be cancelled. PPRD will make every attempt to give you as much notice as possible when cancelling an entire class program. If PPRD cancels a class program, a full credit or refund will be issued. On occasion a single class may be cancelled on short notice due to circumstances beyond our control. PPRD will make every effort to contact you about the cancellation and will take steps to make up the activity.

**Withdrawal Policy:** A full refund is given if the participant withdraws from the class at least seven days prior to the start of the program. No refunds will be allowed after this time. For accountability purposes, no cash refunds can be made.

I, the participant, hereby agree and acknowledge the following:

- (1) I have read and understood the PPRD policies, codes of conduct, and class rules and agree to abide by them.
- (2) I recognize the inherent risk of serious or permanent physical injury and possible death associated with adult activities and games. In consideration for PPRD accepting the adult student's registration and participation in its sanctioned adult classes ("Adult Programs"), I hereby release, discharge, and/or otherwise indemnify and hold harmless PPRD, its affiliated organizations and sponsors, volunteers, their employees and associated personnel, including the owners of classrooms and facilities utilized for the Adult Programs, against any claim, lawsuit or written demand, including but not limited to any claims for property loss, personal or physical injury or death, by or on behalf of the participant as a result of the student's participation in the Adult Programs and/or being transported to or from the same whether or not the claim arises totally or partially from the negligence of the aforementioned actors.
- (3) I authorize verification of the participant's date of birth and residence from legal records to be provided to a PPRD authorized representative for the limited purpose of verifying the PPRD participant's age, identity, and residence.
- (4) I consent to emergency medical care prescribed by a duly licensed Health Care Provider or Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or participant's wellbeing and I hereby agree to be financially responsible for all costs associated with such treatments.
- (5) I consent to PPRD taking photographs, video recordings, and/or sound recordings in documenting the activities of PPRD programs and services. I hereby grant PPRD and their affiliates permission to use the negatives, prints, video/audio tapings, or any other reproduction of the same for PPRD and its educational and promotional purposes in manuals, on flyers, the internet, or other publications.

I have read this release and waiver of liability and fully understand its terms. I understand that I waive substantial rights by signing this form. I agree to waive all such rights above including the right to file a legal action or assert a claim for personal or physical injury of any kind. I sign this release form of my own free will.

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Signature of Participant

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Date

**Penrose Park & Recreation District**  
**401 Park Place, Penrose, CO 81240**  
**PPRD Contact: Roberta Newton**  
**719-429-7002**