



# Santaquin City Recreation

## Drop Class Form

Date: \_\_\_\_\_

Please fill a form out completely and sign at the bottom for each participant or child. Thank you.

### Participant

Name (First and Last): \_\_\_\_\_ Age: \_\_\_\_\_

### Program Selection

Program Name: \_\_\_\_\_

Day/Time (if applicable): \_\_\_\_\_ Last day attended: \_\_\_\_\_

### Responsible Party

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Drop Reason: \_\_\_\_\_

Refund Policies: A \$5.00 non-refundable office charge will be assessed to all registrations.

1. Santaquin Recreation will offer a full refund (except \$5) for all refunds requested while the registration period is still open.
2. After the registration period has ended, a refund of 50% will be offered.
3. After the program/event has begun (beginning with coaches meeting or a draft), no refund will be offered.

(Special exceptions may be made on a case by case basis for injury or special circumstances. Date this form is received will determine a refund).

### RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

I affirm that participation in the activities and services provided by Santaquin City Corporation are voluntary and acknowledge that there are inherent risks in such participation that cannot be eliminated even when the greatest care is taken. I assume full responsibility for any and all injuries or damages which may occur to me or my dependants as a result of such inherent risks associated with such activities or services provided by employees, sponsors, and volunteers from any liability, loss, cost, or expense (including attorney fees, medical and ambulance costs) suffered by my dependents or myself. I give permission to use my (my dependants) photograph to publicize Santaquin City programs and services.

\_\_\_\_\_  
Printed Name of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian    Signature (or Parent/Legal Guardian if participant is under 18)