

FOUNTAIN VALLEY TENNIS CENTER CLASS REGISTRATION FORM

NAME: _____ CLASS # _____ DAY _____ TIME _____

ADDRESS: _____ CITY _____ ZIP _____

TELEPHONE: NIGHT _____ DAY _____ EMAIL: _____

Photo Release: I understand that from time to time Recreational Management Services, RMS, or the City of Fountain Valley may photograph activities of events or classes of participants at the Fountain Valley Tennis Center. By signing this form, I authorize Recreational Management Services, RMS, or the City of Fountain Valley to use or publish any photographs taken showing my participation or that of my child/children's to promote classes in the Fountain Valley Tennis Center's or the City of Fountain Valley's web sites, in the City of Fountain Valley Fountain Pen and or flyers promoting classes offered.

Release of Liability: I hereby forever Release and Discharge Recreational Management Services, RMS, and the City of Fountain Valley and their officers and employees, from any and all liabilities, claims, demands or causes of action that I may hereafter have for injuries and damages arising out of participating in any Recreational Management Services, RMS, or City of Fountain Valley recreation program including, but not limited to, losses caused by the passive or active negligence of the released parties or of hidden, latent or obvious defects or dangerous conditions in any Recreational Management Services, RMS, or City of Fountain Valley program. This release shall also release the Released Parties from related activities not conducted on City property, including travel and off-site activities. I understand that Recreation Activities may involve risks and dangers that no amount of care, caution, instruction or expertise can eliminate and I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF INJURY while participating in any Recreational Management Services or City of Fountain Valley activity. This release shall remain in effect until revoked and shall extend to all Recreational Management Services and City of Fountain Valley Recreation Program activities that participant(s) may hereafter participate in. A copy of this release may be used to the same extent as the original.

SIGNATURE: _____ PRINT NAME: _____ DATE _____

PAID AMT: _____ CHECK CASH CREDIT(AUTHORIZATION) (CHECKS PAYABLE TO RMS)

ONLINE REGISTRATION _____ IN OFFICE REGISTRATION _____ RECEIPT # _____

OFFICE STAFF NAME: _____ DATE: _____



**FOUNTAIN VALLEY TENNIS CENTER OPERATED BY RECOGNIZED CONCESSIONAIRE
RECREATIONAL MANAGEMENT SERVICES**