

CLASS REGISTRATION BEGINS DECEMBER 7 (R) & DECEMBER 14 (NR)

REGISTER ONLINE beverlyhills.org/BHRec

- Save Time
- No Waiting
- Save Postage
- No Stress

The Registration Office is now located at the Library (444 N. Rexford Drive, 2nd floor).
For more information, call (310) 285-6850.

WITHDRAWAL AND REFUND POLICY:

The Community Services Department strives to provide you with the highest quality recreation programs and activities. If for some reason you are not satisfied, we will arrange for the following:

- Transfer to another Department class in the same quarter.
- Refund: A full refund will be issued only if we are notified before the second class meeting in a class longer than four weeks or the class is canceled by the Dept.

Otherwise, we only issue refunds if the class is full and your space can be filled from the waiting list. A \$11 service charge will be applied as well as payments for courses attended. In case of refunds requested after two weeks into a class session due to medical reasons, a prorated refund plus a service charge may be assessed. A doctor's note is required. Refund requests must be submitted in writing. Online at www.beverlyhills.org/refund or email: BHReg@beverlyhills.org.

*** Refund policy does not apply to Aquatics, Excursions, Camps, Preschool, and Events**

ONLINE CLASS REGISTRATION FORM (FILLABLE)

P A Y E E	*NAME:		*EMAIL:	
	*ADDRESS:			
	*CITY:		*ZIP CODE:	
	HOME PHONE:	WORK PHONE:	CELL PHONE:	
	EMERGENCY CONTACT NAME & PHONE NUMBER:			

*Required Fields. Email address will only be used for City of Beverly Hills information.

P A R T I C I P A N T	Class #	Class Name	Participant Name	Birth Date	Sex	Fee

WAIVER:

I, the undersigned, on behalf of myself and/or my child(ren) am signing this Waiver and Release of Liability and Assumption of Risk in consideration of being permitted to use all public facilities, and to participate in all activities and fitness-related recreational sports programs, at City of Beverly Hills ("City") for Beverly Hills Unified School District ("District") facilities (collectively, "Activities"), pursuant to the terms herein. I am physically capable and in sufficiently good health to participate in the Activities. Nevertheless, I understand and agree that accidents can occur during the Activities and that, as a result, participants may sustain serious or fatal injuries. I further understand and agree that there is a risk that participants may contract a serious infectious disease such as Covid-19 caused by the coronavirus and suffer illness or death as a result. Having full knowledge of these risks, however, I hereby voluntarily and expressly assume those risks, release from all liability, and waive and discharge in advance any and all causes of action and claims for personal or bodily injury, property damage, and/or wrongful death, including any Covid-19/coronavirus related condition, disability, or death (whether infection occurs before, during, or after participation in the Activities), that I (my child(ren)) or any of my successors in interest may have against the City and/or District, its elected officials, officers, employees, volunteers, contractors, and/or agents (collectively "City Parties") as a result of my participation in the Activities, including any related transportation and any other activities incidental thereto, to the maximum extent permitted by law. I hereby consent to the photographing, recording and reproduction in any other manner (including use of video and audio) of the likeness, voice and/or activities of the participant and further authorize the City of Beverly Hills, its agents or assigns, to make unlimited use of such reproductions, including but not limited to broadcasting of the reproductions over radio, television and on the Internet. I understand that I will not receive any monetary compensation now or in the future for participating.

Total Fees \$

I agree that this waiver and release shall release and hold harmless in advance, each of the City Parties from any and all liabilities, claims and/or actions arising out of or connected in any way with my participation in the Activities, even if caused by the active or passive negligence of any of the City Parties, to the maximum extent permitted by law. If injured during the Activities, I further expressly authorize the City Parties to provide me with emergency medical aid and treatment and I agree that this waiver and release shall apply to any such treatment. Nothing herein shall be deemed to release any City Party from their gross negligence or where such release would violate public policy under California law.

DATE:	SIGNATURE:
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P A Y	CHECK #:	RECEIPT #:	
	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX	CREDIT CARD #:	
	EXP DATE: _____ CVC: _____	CARDHOLDER SIGNATURE:	