Registration Form

Adult's Name	·			Secondary Phone			
Address				E-mail address			
Student's Name	Gender	Age	Birth Date	Class Name Sessic Section			
sored activity. If this waiver is not signed, yo	r side of th	ll not be a	allowed to pa	endorf requires this waiver be signed before participation in a Good of the control of the contr			
How to Red	nietar	•		Please sign me up for the Family Museum e			
How to Register			weekly newsletter for the most up-to-date Museum information. I have included my email above.				
 New Blues, Old Blues, Spanish for Kids, or Literally Yours Mail only. Mail-in registration must be postmarked no earlier than Saturday, February 4, 2017. Registration will begin February 4, 2017 by mail-in only. 				For class cancellations, families may choose to either have class credit applied to their account or receive a refund minus 10% processing fee.			
 I would like this credit card automatically charged each month at no additional charge. For comprehensive classes only. 				Cancellation by parents for classes must take place by noon on the Friday prio to the first day of class.			
Family Museum				For cancellations made by the Family Museum, families may choose to have class credit applied or to receive a full refund.			
2900 Learning Cam		е					
Bettendorf, Iowa	52/22			FOR CREDIT CARD USE	AmEx		
· Inventors Club, Beginning Pottery or Home School Art: Mail-in, drop off, email jklein@bettendorf.org, or call (563) 344-4170.			Account Number Exp. Date Cardholder name (print) Security Code:				

Security Code:_

Registration has already begun!

Permission to Participate INDEMNIFICATION WAIVER OF PARENTAL CLAIMS

THE CITY OF BETTENDORF REQUIRES THIS FORM BE SIGNED BEFORE PARTICIPATION IN A CITY SPONSORED ACTIVITY. IF THIS FORM IS NOT SIGNED, YOU OR YOUR CHILD WILL NOT BE ALLOWED TO PARTICIPATE. DO NOT SIGN IF YOU HAVE ANY QUESTIONS.

If you are signing on behalf of a minor, both parents must sign. In the case of a single parent home, the custodial parent must sign. If you are registering your child for class electronically, completion of the registration will be considered your consent and agreement with this document.

1. You agree to release, waive, and hold harmless the City of Bettendorf, the Bettendorf Community School District, agents, employees, volunteers, and contractors of either entity (Collectively referred to as "RELEASEES") from any and all liability which may accrue to you from your child's participation or your participation in the following activity:

- 2. This release waives all of your claims whatsoever, known or unknown, which may arise by virtue of your child's participation or your participation in the activity, including injury or death, and damage to property, however such claim may arise, including but not limited to breaches of duty (such as breach of the duty of care) and acts of current or future negligence by Releasees, their respective officers, employees, or agents, including, but not limited to, negligent care, supervision, or control. This release waives any of your claims whatsoever against the Releasees arising from the actions of any other participant in the activity or any other third party. Further, this release covers all activities immediately before and after participation, including transportation to or from the event, and waiting for rides from City or School facilities after the event.
- 3. You agree to defend and hold harmless Releasees, their respective officers, employees, or agents against any claim, cause, loss, cost, or damage whatsoever, including attorney fees, that arise from the above-described activity or your child's participation in the above-described activity, including, but not limited to damages for injury to your child or another person. This means, in part, that in the event something happens to your child during his/her participation in the activity, and your child decides to sue the Releasees, that you agree to pay any sums awarded to your child, and to pay the Releasees' attorney fees incurred in the defense of any litigation. You are also agreeing to pay for any damage caused by your child during participation in the activity.
- 4. Participation involves a risk of injury. By signing this form, you represent that you have considered the risks of your child's participation or your participation in the activity, have obtained any medical clearance necessary to participate, and you or your child are able to participate without harm to your child, yourself or others. You represent you or your child will use any program equipment with care for himself/herself, yourself, other participants, and the surroundings. You have evaluated the risks of participation in the event by your child, and grant permission for your child to participate.
- 5. In the event of injury, program supervisors shall administer basic first aid, and shall summon emergency services via 911. Supervisors are not trained to provide detailed medical care, and shall not, without prior agreement, provide medications. All costs of emergency care are the responsibility of the participant/ participant/s legal guardian(s). NO INSURANCE IS PROVIDED BY THE CITY FOR INJURY TO PARTICIPANTS. All claims for reimbursement of medical care costs, including emergency transportation, for you or your child are hereby waived.
- may be used in promotional materials produced by the City to encourage participation in the activity.

 7. You and your child agree to follow all rules of conduct established in conjunction with the activity. Failure to follow the rules will result in removal from the activity, and you and your child

6. Parents or others may take audio or video recordings of the participants. The City does not supervise or restrict recordings of public activities by third parties. You agree that photos or videos

- agree that any program fees paid will be kept and not refunded. In the event of a problem while engaged in the activity, notify the activity manager/supervisor.

 8. This Permission to Participate and Hold Harmless is given in partial consideration of you and your child being allowed to participate in the activity described, and binds yourself, your
- personal representatives, and any heirs or assigns.
- 9. In the event a court of competent jurisdiction declares any part of this indemnification agreement to be invalid, the balance of the agreement shall be deemed to survive and be binding upon you.

I HAVE READ THIS DOCUMENT CAREFULLY, AND UNDERSTAND IT. I AM SIGNING THIS FREELY AND WITHOUT RESERVATION OR CONDITION. (IF YOU HAVE ANY QUESTIONS ABOUT THIS DOCUMENT DO NOT SIGN IT. CONTACT AN ATTORNEY TO ASSIST YOU.)

Dated this da	ay of	_, 20	Program Participant :	
Parent		(signature)		_(print name)
		(signature)		_(print name)
Parent				