

# Mail-in/Fax-in Registration Form

- **FAX-IN registration: 760-739-7020. Pay with Visa or MasterCard only.**
- **To receive registration confirmation, please provide a 24-hr. fax number or e-mail address.**

ADULT NAME (Please Print)			PAYER NAME:			
ADDRESS:		APT. #	CITY:	ZIP CODE:	FAX ( )	
HM# ( )		WK# ( )		E-MAIL:		
<b>ACTIVITY REGISTRATION NUMBER</b>		<b>ACTIVITY TITLE</b>	<b>PARTICIPANT'S NAME</b> (First and Last)	<b>BIRTHDATE</b>	<b>M / F</b>	<b>FEE</b>
1st Choice	2nd Choice (optional)					
.	.			/ /		
.	.			/ /		
.	.			/ /		
.	.			/ /		

\*Please mail the yellow copy of your credit voucher with registration form. Credit vouchers are not accepted as payment if you fax-in, phone-in, or register online.

Subtotal	
-*Credit/Scholarship % Voucher	
Subtotal	
Optional Scholarship donation	<b>1.00</b>
<b>TOTAL</b>	

**IT'S EASY! YOU CAN EVEN USE YOUR CREDIT CARD!**



There is a \$10.00 minimum charge for MasterCard or Visa.

PRINT NAME AS IT APPEARS ON CARD \_\_\_\_\_

Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

MasterCard or Visa # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I hereby authorize the use of my MasterCard or Visa account

Make checks payable to:  
**City of Escondido**  
 and mail with form to:  
**Community Services Department**  
**201 N. Broadway**  
**Escondido, CA 92025-2798**  
 Enclose a self-addressed, stamped envelope for a receipt.

**PLEASE READ WAIVER AND SIGN BELOW - Each adult must sign a separate waiver. A parent/guardian must sign for their children 17 and under.**

I agree to indemnify, defend, and hold harmless the City of Escondido, its officers, agents, and employees from any and all loss, damage, liability, cost, or expenses arising out of or resulting from the use of equipment or property owned by or under the control of the City of Escondido whether or not that liability, loss, or damage is caused by or arises out of any act or omissions of the City of Escondido, its officers, agents or employees.

I also understand that the City of Escondido does not carry insurance to cover participants in the activities in which I, my child, or my ward is participating. I understand there are risks associated with these activities and I assume the risk of any injuries that I, my child, or my ward may sustain during any of these activities. I forever discharge the City of Escondido, its officers, agents, and employees, from my lawsuits, damages, claims or judgements resulting from any personal injuries or property damages that I, my child, or my ward may sustain while using City property or equipment, or while participating in an activity sponsored by the City of Escondido.

I understand that the City may take photographs/videos for the use in City publications, Web sites, and news releases without my written consent.

**I have read the above Waiver/Release of Liability and understand it.**

Participant/  
 Parent or Guardian  
 Signature x \_\_\_\_\_

Date \_\_\_\_\_