

# PARADISE RECREATION AND PARK DISTRICT

6626 Skyway, PARADISE, CA 95969 · Tel: (530) 872-6393 – Fax: (530) 872-8619

## REGISTRATION APPLICATION – PLEASE PRINT

PROGRAM <b>GOLD NUGGET CRAFT FAIRE</b>		DATES <b>April 27 &amp; 28, 2024</b>		NO REFUND AFTER <b>April 5, 2024</b>	
LOCATION <b>TERRY ASHE RECREATION CENTER, 6626 SKYWAY, PARADISE, CA</b>				NOTES <b>RAIN OR SHINE</b>	
CLASS DAY(S) <b>SATURDAY &amp; SUNDAY</b>		TIME Sat. 9AM - 5PM Sun. 9AM – 4PM	FEE <b>\$150 CRAFT</b> <b>\$175 FOOD</b> <b>\$80 CARD TABLE</b>	EMAIL ADDRESS	
NAME OF PARTICIPANT				BIRTHDATE (IF UNDER 18)	AGE
ADDRESS		CITY	ZIP	TELEPHONE	
PARENT'S NAME (IF PARTICIPANT IS A MINOR)				DAYTIME TELEPHONE	
ADDITIONAL NAME IN CASE OF EMERGENCY				EMERGENCY TELEPHONE	
ADDITIONAL INFORMATION  *A \$100.00 cleaning deposit is required for all food vendors. Full, partial, or no refunds will be issued within two weeks of the Faire depending on the condition the space is left in.  IF YOU CANCEL A 20% PROCESSING FEE WILL BE CHARGED				THIS SPACE FOR OFFICE USE ONLY CHK # _____ CASH _____ AMOUNT PAID _____ DATE _____ BY _____ ACCT # _____	

## PARADISE RECREATION AND PARK DISTRICT AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the District to participate in the above-referenced activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the District (including its officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above.

It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors, and assigns and that I shall indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with my participation in said activity. Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

**VIRTUAL CLASS RELEASE:** I hereby warrant and agree, that the conditions of my environment are safe, free from obstructions, and are suitable for participation in the above-referenced activity. I further understand and agree that any material downloaded, viewed or otherwise obtained through my participation in said activity is done at my own risk and the District is not responsible for any loss, alteration, corruption or other damage to my personal property, including computers, networks and other property used as part of my participation.

**PHOTOGRAPHIC RELEASE:** I understand that photographs may be taken during this activity and hereby grant the District permission to use any such photo(s) for advertising or in promotional materials.

### PARENTAL CONSENT

*(To be completed and signed by parent/guardian if applicant is under 18 years of age.)*

I hereby consent that my son/daughter, \_\_\_\_\_, participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE PARADISE RECREATION AND PARK DISTRICT AND I SIGN IT OF MY FREE WILL**

**Adult Signature(s)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name(s)** \_\_\_\_\_

To register for class by mail, complete the registration application; PRINTING in ink, all requested information. Be sure to sign the bottom of the form. Return the completed application along with **payment to Paradise Recreation and Park District, 6626 Skyway, Paradise, CA 95969.**

Payment should be made by check, payable to "PRPD". To complete the registration process you must include a **self-addressed stamped envelope** so we can return your receipt and registration confirmation. Mail-in registration will be accepted after those persons registering in person and **does not guarantee program enrollment.**

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**6626 Skyway, Paradise, California 95969**  
**872-6393**

