Highland Community Center

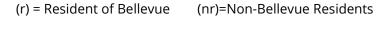
Mailing Address: PO Box 90012 Bellevue, WA 98009 **2**(425) 452-7686 | ⊠ HCC@BellevueWA.Gov



Adaptive Rec Registration Form

atior			
Horm	Last Name	First Na	me Date of Birth
Contact Information	Street Address	City	State ZIP
_	Email Address-By providing you	ır email address, you will receive	receipts and updates from Bellevue Parks & Community Services
Main	Primary Phone		Alternate Phone
	articipant Name: Pate of Birth:	M 🗆 F 🗆	Registration Opens: Bellevue Resident: March 4th Non-Bellevue Resident: March 11th
	Intellectual Disabilit	ON	Intellectual Disability Programs VIRTUAL
	Highland Hangout	Apr 1 st -Jun 6 th \$50(r) \$63(nr) Apr 1 st -Jun 6 th \$72(r) \$88(nr)	Trivia \$50(r) \$63(nr) Mon 7pm-8pm Apr 1 st -Jun 6 th BINGO \$50(r) \$63(nr) Weds 7pm-8pm Apr 3 rd -Jun 5 th
	Mon 5pm-7pm Dance Mon 7pm-8pm Fitness	Apr 1 st -Jun 3 rd	Physical Disability Programs IN-PERSON PD Exercise
	Tue/Thus 5pm-6:30pm Track Tue/Thur 6:30pm-8pm Movie Time	Apr 2 nd -Jun 6 th \$71(r) \$88(nr) Apr 2 nd -Jun 6 th	Tues & Thur 11am-Noon Apr 2 nd -Jun 20 th PD Exercise
	Weds 5pm-7pm BINGO Weds 7pm-8pm Craft Class.	Apr 3 rd -Jun 5 th	Remember to sign the back.
	LIGIL CIGSS		Dogistrations resolved without a signed waiver will not

Registrations received without a signed waiver <u>will not</u> be processed.



Barn Dance\$10(r) | \$12(nr)



Fri 1pm-2:30pm

Friday 6pm-8:30pm

Apr 5th-Jun 7th

May 10th

WAIVER OF LIABILITY/PHOTO & VIDEO RELEASE PLEASE READ CAREFULLY

In consideration of myself and/or my child(ren) being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in the City-sponsored activity(ies) identified herein, I ASSUME ANY AND ALL RISKS, INCLUDING RISK OF INJURY OR DEATH, associated with my or my child(ren)'s use of said facilities and/or participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to waive and RELEASE any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against the City of Bellevue and its officials, employees, and agents for any injuries suffered by me or my child(ren) in connection with the use of City facilities or participation in the City-sponsored activity(ies) identified herein. I acknowledge that I have carefully read this WAIVER OF LIABILITY and fully understand that I am waiving any right that I may have to bring a legal action or to assert a claim against the City of Bellevue in connection with the use of City facilities or participation in the City-sponsored activity stated below.

PHOTO/VIDEO RELEASE: I give my permission to have photos and/or video and audio recordings taken of me or my child(ren) during City of Bellevue activities and authorize the City of Bellevue to copyright, use, and publish the same. I understand I am waiving any right of privacy, compensation, copyright or other ownership right connected to the photo or recording. If you do not give permission to have photos and/or video and audio taken of you or your child(ren), please contact the main office at (425) 452-6885 or Parksweb@BellevueWA.Gov.

I acknowledge that I have carefully read this WAIVER OF LIABILITY / PHOTO & VIDEO RELEASE and fully understand that I am waiving any right that I may now or hereafter have to bring a legal action to assert any claim against the City of Bellevue in connection with my or my child(ren)'s participation in this activity.

Parent or Guardian Signature	DATE PRINTED NAME	
s ♣ BE/	Payment Details Payment Method	
Bellevue Parks & Community Services	☐ Check ☐ D.D.A. (send to Highland) ☐ Credit Card Total Fee: \$ Card Number	WasterCard. VISA*

Expiration Date

CVV