

Green Valley Homeowners Recreation Association

- STROKE CLINIC REGISTRATION FORM -

The Green Valley Association office is located at 10739 Los Jardines West, Fountain Valley, 92708. Office hours are 9:00 a.m. to 5:00 p.m., Monday through Friday. For additional information, please call 714-962-8205. Release of liability listed below accepted when registration transpires. No refunds are issued.

Payment may be made by check, cash, Visa or Mastercard. There is a 3% transaction fee when using a credit card.

Last Name _____

Resident or Non-Resident _____

Address _____

City _____

Zip _____

Email _____

Phone _____

First Name & Age:

Days:

Time:

Fee:

\$ _____

\$ _____

\$ _____

\$ _____

Date _____

Check/Cash/Visa or MasterCard

Total \$ _____

In signing below, I agree to the following:

The Green Valley Homeowners Recreation Association ("GVHRA") has no obligation to offer recreational programs or to allow you to participate in these programs. There is a real possibility that you could be injured while participating in these programs. If you sign this form, you are asking permission to participate in these programs with the knowledge that you or your child could be injured. If you sign this form, you are giving up any claim against or right to sue GVHRA, their directors or employees for injury you or your child may suffer, even if the injury was caused in whole or in part by the negligence of GVHRA or their employees, agents or representatives. I am aware that participation in this program(s) is potentially dangerous and I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all risk of injury. I hereby acknowledge that the recreation facilities, including but not limited to, the swimming pool, may not be guarded at all times and that no lifeguard service will be provided by GVHRA. The safety and security of each user, including minor children and guests, shall be my sole responsibility. I further acknowledge that GVHRA shall not provide security services, childcare services or otherwise be responsible for the conduct and physical safety of users.

I hereby voluntarily release, discharge, waive and relinquish any and all actions or causes of action including, but not limited to, personal injury, property damage or wrongful death occurring or arising as a result of engaging in and/or receiving instruction in said activity or any activities incidental thereto wherever or however the same may occur. For myself and my executors, administrators and assigns, I hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise and agree that under no circumstances will I or my heirs, executors, GVHRA or any of its officers, agents, servants or employees of GVHRA for any of said causes of action, whether the same shall arise by the negligence of any of said persons or otherwise.

Signature _____

Print Name _____