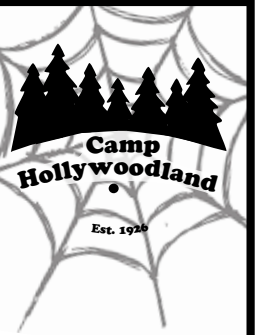


HALLOWEEN *at* **Hollywoodland**

City of Los Angeles
Department of Recreation and Parks
Camp Hollywoodland
3200 Canyon Drive
Los Angeles, CA 90068
(323) 467-7193
Camp.Hollywoodland@lacity.org



Join us for Halloween dinner and a movie!

Movie will be Hotel Transylvania

Friday October 27, 2017

\$20 Per person

Before October 20th, 2017

Camp Hollywoodland

3200 Canyon Drive

Hollywood, CA 90068

Check-in will be at 5:30 p.m.

Dinner will be at 6:30 p.m.

Movie will start at 7:30 P.m.

Admission includes, dinner, movie and a baggie filled with goodies.

Children 14 and under must be accompanied by an adult

Please register by October 20, 2017 (All registrations after October 20 will be \$25 per person)

Movie Night at Camp Hollywoodland

Please fill out this form in blue or black ink

Camper #1 Name _____ Date of Birth _____ Age _____

Camper #2 Name _____ Date of Birth _____ Age _____

Camper #3 Name _____ Date of Birth _____ Age _____

Camper #4 Name _____ Date of Birth _____ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work/Cell () _____

Parent/Guardian _____ Email _____

In case of emergency, contact _____ Relationship _____

Phone () _____ Work/Cell () _____

I am aware that there are certain risks of injury and/or damage inherent in the Program's activities;
I understand that if I and/or my child misbehaves and/or is sick and needs to be sent home; I agree to pick them up at the time requested by the Camp Director and/or designated staff;
I understand that under certain medical conditions the Camp staff may require a written authorization based on a physical examination by a licensed medical persons as requirement for myself and/or the Minor to participate in the Program;
I confirm to the best of my knowledge and belief that I and/or the Minor is not subject to a physical or mental infirmity nor under the influence of any medication or substances which might hinder their safe participation or the safety of others in the Program;
I will follow and/or instruct the Minor to abide by all safety rules, policies and regulations and to take reasonable precautions to minimize risks of injury or damage arising from participation in the Program;
I give my consent to have the Minor participate in all aspects of the Program;
I knowingly assume full responsibility for all risks of bodily injury, emotional injury, death or property damage that may occur in relation to myself and/or the Minor as a consequence of participation in the Program at the Camp;
I agree and/or give my consent to have the Minor transported by: car, van, chartered bus, chartered school bus and/or public transportation as part of the Program;
I understand that the Camp has no obligation to obtain medical treatment for myself and/or the Minor. Should it become necessary for I and /or the Minor to have emergency medical care while participating in the Program;
I hereby give the Camp personnel my permission to use their judgment in obtaining medical care, and I give permission to the medical care provider selected by the Camp personnel to render medical care deemed necessary and appropriate;
I understand that the Camp at it's sole option but without obligation may procure insurance to cover part or all of such medical expenses incurred by myself and/or the Minor;
I understand and agree that any cost incurred for such treatment which is not covered by insurance shall be my sole responsibility;
I, (PRINT NAME) _____ waive all rights of recovery which the Minor or I have now or in the future, whether known or unknown, against the City of Los Angeles, Department of Recreation and Parks, Camp Hollywoodland, its officers, agents, employees and /or personnel, and **I release, acquit and forever discharge** the City of Los Angeles, Department of Recreation and Parks, Camp Hollywoodland its officers, agents, employees and/or personnel, from any and all liability for any bodily injury, emotional injury, or other personal injury, damage, loss or expense, claims, demands, causes of action, costs, loss of services or use, compensations, debts, monetary damages, including but not limited to attorney fees, which result from or are in any way connected with my and/or the Minor's participation in the Program or any related activities;
I agree to keep the Camp advised if I will be out of contact for any period of time during the Program and to provide additional and/or alternate contact information prior to my leaving;
I also authorize the Camp, City of Los Angeles and Department of Recreation and Parks to make, procure and/or use photographs, films, tapes, digital media recordings or other likeness of myself and/or the Minor's physical image and/or voice as for use with the Program and /or Camps' publicity, social media, marketing and/or advertising materials; I have read this agreement and I understand what it means to my legal rights and my and/or the Minors participation and my signature is made of my own free will and act; **I agree to abide by the rules and policies set forth in this registration and waiver release forms; I agree to be legally bound** by signing this registration and waiver release forms and extend this binding to the Minor(s).

Important: Parent or Guardians Original Signature Required

Camper's Name (#1) _____ Camper's Name (#2) _____

Camper's Name (#3) _____ Camper's Name (#4) _____

Parent/Guardian Name (Please print) _____

Signature _____ Date _____

Payment Received On: _____ / _____ / _____ Amount \$ _____
RW: _____ Confirmation Sent: _____
Notes: _____

For Office Use Only