

Permission to Participate in Kids in the Garden Class

Reserve by phone or e-mail. Mail permission with check or check AVG Membership box.
Send to: Nancy B Jones 578 Mar Vista Drive VISTA 92081-7519 Checks payable to Nancy B Jones.

My child _____ Age _____ has my permission to participate in the *Kids in the Garden* Class at Alta Vista Gardens.
_____ Spring Series: March 13, April 10 , May 15
_____ Summer Series: June 12, July 10, August 14, September 11

My child is in _____ grade and attends _____ School.

Parent Name _____ Phone _____

E-mail _____ AVG member
I will make sure an adult is available in case of an emergency with my child during class.

Parent Signature _____ Date _____



Alta Vista Gardens

Participants Hold-Harmless Agreement

I fully understand and agree to assume all risks involved in any and all participation in activities at or in connection with Alta Vista Gardens. I agree to hold Alta Vista Gardens harmless for any injury(ies), loss or damages which I or children that I am responsible for might sustain in the course of my participation in activities at or in connection with Alta Vista Gardens.

This waiver includes myself, all of my family members and descendants forever from seeking any legal action whatsoever against Alta Vista Gardens or its successor organizations or any representatives thereof.

_____/_____/2010
Signature of Participant Printed Name Date Signed

_____/_____/2010
If a minor, Signature of Parent or Legal Guardian Printed Name Date Signed

Instructions: This agreement must be signed by ALL participants before participating in activities at or in connection with Alta Vista Gardens. This includes, but is not limited to, all volunteers, and adult or minor participants.

Please print and sign the agreement and send it by mail or deliver in person to the Alta Vista Gardens representative with whom you are working.

Thank you, Alta Vista Gardens