To sign up for a UCSB Leisure Arts class simply fill out this application, sign the release agreement and mailboth in with full payment.

Please be sure to indicate the class name and number of the offereing for which you are interested.

Please make checks payable to UC Regents.

Please note that due to the need for additional information, we cannot accept mail in registration for Wine Tasting or SCUBA Diving.

Mail this application to:
Recreation
UCSB
Santa Barbara, CA. 93106-3025

Registration Information:
(805)893-3738

Mail in Registration for Classes & Trips

Do Not Send Cash
Mail-in registration not accepted for Wine Tasting or SCUBA Diving
NO REFUNDS

Name _____

Address _____

City_____ State _____ Zip _____

Day Time Phone_____ Perm# (if student) _____

Course Information

1 _____ _____ _____ _____
Course Code   Course Name   Start Date   Fee

2 _____ _____ _____ _____
Course Code   Course Name   Start Date   Fee

3 _____ _____ _____ _____
Course Code   Course Name   Start Date   Fee

Subtotal $ _____

Mail To:
Recreation/LR
UCSB
Santa Barbara, CA 93106-3025

Total $ _____

Payment Method
Full Payment must accompany this form payable to **UC Regents**
(Check one)

❑ Personal Check

❑ VISA/MasterCard
    Additional fees apply when using a credit card

Credit Card# _____

Expiration Date _____

Credit Card CW Security Code _____
The 3 digit code that appears on the back of your card

_____
Cardholder Name (Exactly as it appears on card)

_____
Cardholder Signature

**Now Accepting
Visa & MasterCard**

VISA MasterCard

_____   _____
Department   Class/Activity

Waiver: In consideration of being permitted to participate in any way in

hereinafter called "The Activity", I, for myself, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents,** resulting in personal injury, accidents, or illnesses (including death) and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

_____   _____   _____ _____
Signature of Participant   Print Name of Participant   Date   Age (if Minor)

_____   _____   _____
Signature of Parent/Guardian of Participant if Minor   Print Name of Parent/Guardian of Participant if Minor   Date