



Edwin M. Lee, Mayor
Philip A. Ginsburg, General Manager

Scholarship Agreement

1. I understand that for scholarship recipients to retain or to qualify for future financial assistance, reasonable attendance for each enrolled program (75%) is required. I will not register for summer day camp programs during any portion of personal vacation/trips.
2. I agree to contact the program instructor prior to the start of the class if the participant needs to miss a class due to illness or other reason. If the participant needs to miss more than one class due to illness or other emergency, I agree to contact the Scholarship Coordinator, Lillian Bautista, prior to the second absence by email at Lillian.Bautista@sfgov.org or by phone at 415-831-2717. (Please dial *82-415-831-2717 if I am requesting translation services or I owe a private phone number.)
3. If I need to withdraw from a class, I agree to the **minimum \$12 withdrawal fee** (maximum of 20% of the class fee if I am receiving a 50% scholarship), payable at the time of the withdrawal.
4. I understand that excessive withdrawals or late withdrawals (less than 1 week before the class starts) **will result in cancellation** of my household scholarship.

San Francisco Recreation and Park Department Program Participation Liability Waiver

I recognize that risk of injury or potential health risk may be involved in participation in the programs offered by the City of San Francisco Recreation & Park Department. I hereby willingly assume such risk of injury or health risk for myself or for the persons for whom I am lawfully responsible and assume full responsibility before, during and after my/their participation in the programs/activity offered by the City of San Francisco Recreation & Park Department.

In consideration of the acceptance of my application and the permission to participate in programs offered by the City of San Francisco Recreation & Park Department, I, for myself, my heirs, executors, administrators, successors and assigns hereby release, waive, and forever discharge the City of San Francisco, all other organizations, associations and companies associated with any of the programs offered by the City of San Francisco, and their respective agents, employees, officials, servants, contractors, representatives, elected and appointed officials, successors and assigns of and from all claims, demands, damages costs and actions whatsoever and however caused, arising or to arise by reason of my participation in the programs or activities or any of its associated activities.

I understand and agree to the Terms listed above.

Signature: _____ Print Name: _____ Date: _____

For questions and concerns, please contact Lillian Bautista, Scholarship Coordinator, at (415) 831-271 or email at Lillian.Bautista@sfgov.org.

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