



## DROP-IN GUEST PASS | GOOD FOR ONE CLASS

### PLEASE SELECT A GUEST PASS:

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**FITNESS CLASS GUEST PASS**  
Fee: \$12.00

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**AFTERNOON AT THE OPERA GUEST PASS**  
Fee: \$26.00

### PLEASE FILL OUT THE FORM FOR YOUR GUEST PASS:

Teacher: \_\_\_\_\_ Section Name: \_\_\_\_\_ Class: \_\_\_\_\_

Semester (Select One): ☐ Fall ☐ Winter/Spring ☐ Summer (Select One): ☐ New Student ☐ Continuing Student

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt #) (City) (Zip Code)

Telephone: (\_\_\_\_) \_\_\_\_\_ Phone Type: ☐ Mobile ☐ Landline Email: \_\_\_\_\_

### METHOD OF PAYMENT

Amount Paid: \$ \_\_\_\_\_ Payment Type: ☐ Credit Card ☐ Cash ☐ Check # \_\_\_\_\_ Payable to SMACE (San Mateo Adult & Career Ed.)

(For Credit Card, Select One): ☐ American Express ☐ Discover ☐ MasterCard ☐ VISA

Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**LIABILITY WAIVER AND REFUND POLICY:** By signing below, I, the undersigned participant, agree to voluntarily participate in this Active Adult Program's Fitness Class. I understand and agree to release, indemnify, and hold harmless the SMUHSD/San Mateo Adult School, its employees, and agents from any and all liability for any injury, loss, or damage I may suffer arising out of or in any way connected with my participation in this activity.  
**Refund Policy:** No refunds will be issued after the first class meeting unless the this class is cancelled by the San Mateo Adult School.

Signature \_\_\_\_\_

Date: \_\_\_\_\_