

Seniors (60 and older), who are Claremont residents, have priority in these classes.

Application Form

Fall Semester 2010

Application Form Received
Date _____
Time _____
Received by _____

Registration closes August 12

**Claremont Avenues for Lifelong Learning College Auditing Program
At Pomona, Harvey Mudd, Claremont McKenna, Pitzer, and Scripps Colleges**

Placement in classes will be on a first-come, first-serve basis (by date application is received).

Non-Claremont seniors will be placed in classes on August 13, as space permits.

You will be notified of your course placement by the week August 16.

Classes begin the week of Tuesday, August 31.

Auditors must sign waiver form!

Name of Auditor: _____

Phone: _____

Address: _____

E-mail: _____

* The instructor may set "guidelines" for the participation of auditors in his/her class. I agree to abide by these guidelines while enrolled in the class. I also acknowledge that it is my responsibility to make my own arrangements to get to and from class.

Signature of Auditor

Date

*******Course Preferences*******

Each auditor will be assigned to just **one** course. In order to help us place you, **please list your top three preferences.** (Please print)

First Choice: _____

	Dept/Course #	Course Title	CMC	Day or Section # (if applicable)	
Circle College:	Pomona	Harvey Mudd	CMC	Pitzer	Scripps

Second Choice: _____

	Dept/Course #	Course Title	CMC	Day or Section # (if applicable)	
Circle College:	Pomona	Harvey Mudd	CMC	Pitzer	Scripps

Third Choice: _____

	Dept/Course #	Course Title	CMC	Day or Section # (if applicable)	
Circle College:	Pomona	Harvey Mudd	CMC	Pitzer	Scripps



Please submit this application and waiver form by August 12 to:

**Joslyn Center
660 N. Mountain Ave.
Claremont, CA 91711
(909) 399-5488**

City of Claremont
Human Services Department – Senior Program Division
CALL Program
Fall Semester 2010

WAIVER

I, the undersigned, in consideration of my participation in the Claremont Avenues for Life Long Learning (CALL), and intending to be legally bound for myself, my heirs, executor and administrators, do hereby release and discharge the City of Claremont and their respective officers, directors, employees, volunteers, contractors, and partners jointly and severally, from any and all liability arising out of or resulting from my participation in the above mentioned program. I expressly assume ALL risks of participation in this program, including, without limitation, injury or property damage as a result of the acts of omission of the above parties or some defect in or on their property, whether caused by negligence or otherwise, except for damage and injury resulting directly from solely gross negligence or willful misconduct on the part of the City or its employees. I agree to indemnify, save, hold harmless and defend each and every one of the above parties from any and all loss, damages, expenses, costs, and attorney's fees arising out of or resulting from my participation in this program.

I certify that I have read and understand this waiver and release. Participants involved in the City of Claremont Human Services programs/classes may be photographed and such photographs may be used to publicize City programs/classes without compensation and without further permission.

Print Name _____

Participant Signature _____

Date _____

PLEASE SUBMIT COMPLETED FORM AND APPLICATION TO:
Claremont Joslyn Senior Center
660 North Mountain Avenue
Claremont, CA 91711