

Application Form

Spring Semester 2020

Office Use Only
Date: _____
Time: _____
Received by: _____

Applications will NOT be accepted prior to 9:00 a.m. on Monday, January 6.

**** Only one application per person will be accepted. ****

Claremont Avenues for Lifelong Learning (CALL) College Auditing Program
at the **Claremont Colleges**

Registration Closes: Friday, January 10 at 5:00 p.m.

Placement in courses will be on a first come, first served basis by date and time application is received.

Non-Claremont residents will be placed in courses after **January 10**, as space permits.

You will be notified of your course placement by **January 14**.

Semester begins **Tuesday, January 21, 2020**.

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

*Place of Birth (City/State/Country): _____ / _____ / _____ *Gender: _____

**Supplemental data required if auditing at Claremont McKenna College*

Please PRINT your top three course preferences.

1: _____

Course & Section #	Course Title	Instructor	Day & Time
Circle College: CMC	Pitzer	Pomona	

2: _____

Course & Section #	Course Title	Instructor	Day & Time
Circle College: CMC	Pitzer	Pomona	

3: _____

Course & Section #	Course Title	Instructor	Day & Time
Circle College: CMC	Pitzer	Pomona	

I am interested in auditing a 2nd course this semester.

Please add me to *THE CLICKS* monthly email newsletter.

Please submit this application with signed waiver form by 5:00 p.m. Friday, January 10.



Joslyn Center
660 N. Mountain Ave.
Claremont, CA 91711
(909) 399-5488 | www.claremontca.org





CALL Program Waiver Spring Semester 2020

WAIVER

I, the undersigned, in consideration of my participation in the Claremont Avenues for Lifelong Learning (CALL) Program, 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.

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 acknowledge that it is my responsibility to make my own arrangements to get to and from class. I also acknowledge that my personal information, including name, address, phone number, email address, and emergency contact information may be shared with the professor of the class in which I am placed. The City of Claremont and the Claremont Colleges reserve the right to withdraw audit chairs and/or auditing privileges at any time.

Print Name: _____

Signature of Auditor: _____ Date: _____

PLEASE SUBMIT COMPLETED APPLICATION AND SIGNED WAIVER TO:
Joslyn Center
660 North Mountain Ave.
Claremont, CA 91711