

# Application Form

Fall Semester 2019

Office Use Only  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Received by: \_\_\_\_\_

**Applications will NOT be accepted prior to 9:00 a.m. on Monday, July 22.**

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

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

**Registration Closes: Friday, July 26 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 **July 26**, as space permits.

You will be notified of your course placement by **August 12**.

Semester begins **Tuesday, September 3, 2019**.

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	Scripps

2: \_\_\_\_\_  

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

3: \_\_\_\_\_  

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

I am interested in auditing a 2<sup>nd</sup> 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, July 26.**



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





**CALL Program Waiver  
Fall Semester 2019**

**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**