



# Agoura Hills/Calabasas Community Center Advertising Application

All ads must be paid for and formatted correctly by the deadline date.

Please call the Community Center for the current advertising deadline

Reserve your space today and your ad will be mailed to approx. 18,000 of our residences in the cities of Agoura Hills and Calabasas. An additional 2,000 copies are distributed to public agencies, schools and several business in our area. **SPACE IS LIMITED.**

To guarantee an ad in our brochure, complete this application and send in your payment before the deadline. If you have any questions please call our advertising staff. Don't miss out!

## \*Ad Prices

### Full Color

Back Cover.....\$750

### Black and White

Full Page (7 1/2" w x 10" h).....\$550

### 1/2 Page:

(vertical: 3 5/8" w x 10" h).....\$350

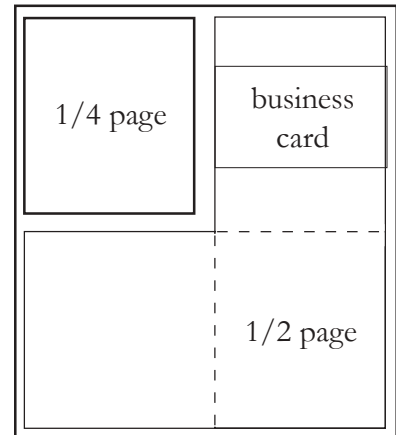
(horizontal: 7 1/2" w x 4 7/8" h).....\$350

### 1/4 Page:

(3 5/8" w x 4 7/8" h).....\$200

Business Card Size (2" x 3").....\$125

One line (Co. Name & Phone #).....\$33



\* Ads will be placed where space is available.

Name of Contact Person \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Payment Method:  Cash  Check # \_\_\_\_\_

Credit Card #(VISA or MC) \_\_\_\_\_ Ex. Date \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### GENERAL RELEASE/WAIVER AND INDEMNITY AGREEMENT

I certify that I am volunteering to participate in the above program(s). I understand that participation in the program may include preparing for, travelling, receiving instruction, and engaging in the programs. I further certify that I am in good health and have no physical or other impediment which would endanger me while participating in the program. I realize that, by participating in this program, I will be exposed to a risk of injury or death. In consideration of permitting me to enroll in and participate in the program, I agree (on behalf of myself, my heirs, executors, administrators, and assigns) to release, discharge, waive, and relinquish the Joint Powers Authority (and its officers, agents, employees, and volunteers) from any and all liabilities, claims, or actions of personal injury, property damage, or wrongful death which arise out of or relate to the program, whether or not the liability, or claim, or action arises out of negligence or carelessness on the part of the Joint Powers Authority (or its officers, agents, employees or volunteers). I further agree (on behalf of myself, my heirs, executors, administrators and assigns) to indemnify, defend, and hold harmless the Joint Powers Authority (or its officers, agents, employees or volunteers) from any and all liabilities, claims or actions for personal injury, property damage, or wrongful death which arise out of or relate to my participation in the program, whether or not the liability, claim, or actions arises out of negligence or carelessness on the part of the Joint Powers Authority (or its officers, agents, employees or volunteers). I understand the dangers incidental to participating in the program and the need for safety precautions. I have read this general release, waiver and indemnity agreement and am fully aware of the legal consequences of signing it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT MUST BE 18 YEARS OF AGE OR OLDER**

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