



Season/Year _____

CLASS REGISTRATION

STUDENT INFORMATION

Name:		
Date of birth:	Phone:	Phone:
Current address:		
City:	State:	ZIP Code:
EMAIL:		
HOW DID YOU HEAR ABOUT US?		

EMERGENCY CONTACT

Emergency Contact:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

CLASSES

Class	Fee
Class	Fee
Class	Fee

READ AND SIGN BELOW

RELEASE OF LIABILITY
 BY SIGNING THIS DOCUMENT YOU ARE GIVING UP YOUR RIGHT TO SUE

_____ I understand that I am in no way required to participate in the activities of The REC Center and that my participation is voluntary.
 _____ I understand that I must sign this release of liability if I would like to participate in The REC Center's activities.

I understand that by signing this document I am forever agreeing to indemnify and hold The REC Center and its employees, officers, managers, agents, independent contractors and members harmless from any and all liability, loss or damage caused by or arising from their negligence, or those of others, including myself.

I understand that I am agreeing to forever release from liability The REC Center and its employees, officers, managers, agents, independent contractors and members and further agree to give up my right to sue them for any and all property damage, personal injury or wrongful death resulting from their negligence, my own negligence, or the negligence of others. My signature on this document will also prevent my heirs, assigns, representatives, legal guardians, or any person who may sue on my behalf, from suing as well.

I understand that by participating in The REC Center's activities, there are risks of physical injury to my person or property, as well as risks due to the negligent conduct of The REC Center and its employees, myself or others, involved within The REC Center. By voluntarily participating I understand the risks of injury to my persona and property and am assuming the risk of such.

Refunds will not be granted. Credits will be issued for the amount of the course if The REC Center is notified before the second class meeting.

Fees, times and dates of all programs are subject to change.
Please be advised that all participants in The REC Center's programs, activities or classes are subject to being photographed.
Such photographs may be used by The REC Center without any obligation to provide compensation to those photographed.

By signing below, I acknowledge and declare that I understand the legal consequences of this release.

Parent/Guardian: I declare under penalty of perjury that I am the parent/guardian of the minor. I have authority to enter into this agreement on behalf of the minor. I agree to be bound by its terms (if participant is a minor).

Signature:	Date:
Signature of Parent:	Date:

Internal Use Only: _____ Membership Number (NA if not a member) _____ Amount Paid _____ Payment Type (Online, Credit, Cash, Check) _____ Payment Plan (Yes/No)	_____ The REC Center Representative Signature Date _____
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