| For office use: Paid |         |      |          |
|----------------------|---------|------|----------|
| Amount               | Check # | Date | Initials |

## Cazenovia College Fitness & Wellness Programs Registration Form

| Registration Form   |   |   |  |  |  |  |  |
|---|---|---|--|--|--|--|--|
| Name  |   | Ü   | Age  |  | Day<br>Time<br>TS Level  |  |  |
|   |   |   |  |  | NYZip  |  |  |
| AddressStreet   |   |   | City   | y  | Zip  |  |  |
| Home Phone #  |   | V   | Vork Phone #   |  |  |  |  |
| E-mail address  |   |   |  |  |  |  |  |
| Parents Names (if a min   | or)   | (   | Cazenovia College  | Affiliation  |  |  |  |
| Emergency ContactN  |   |   |  |  |  |  |  |
| N   | ame   |   | Relationship   | •  | Phone #  |  |  |
| Waiver  | of Liability, In  | demnification   | n and Assumption   | of Risk Agreen   | ient   |  |  |
| discharge covenant not to<br>agents from liability from<br>from accidents (including<br>all claims resulting from t<br><b>Indemnification and Hol</b><br>from all claims resulting f<br>involvement at the Colleg   | any and all claim<br>death) or illnesse<br>he damage to, los<br>d Harmless: I a<br>rom negligence a   | as and causes was arising from as of, or theft of the lso agree to He   | what so ever. This a participation in act f property.  OLD HARMLESS  | ngreement applies ivities at the Coll  | to personal injury ege; and to any and FY THE COLLEGE  |  |  |
| Assumption of Risks: Phregardless of the care take lifting, walking, fitness ac soccer, sport activities. So groups, some involve quic physical activity, which phanother, but in each activiloss of sight, joint or back death.  Acknowledgement of University | nysical activity, b<br>n to avoid injurie<br>tivities, jogging a<br>ome of these active<br>k movements invalaces stress on the<br>ty the risks range<br>injuries, concuss | s, the College<br>and running, sy<br>vities involve sy<br>volving speed a<br>e cardiovascula<br>from minor in<br>ions and heart | has facilities for any<br>vimming, aerobic actrenuous exertions<br>and change of director<br>ar system. The specific<br>juries such as bruis<br>attacks to catastrop | d provides for act<br>ctivities, racqueth<br>of strength using<br>tion, and others in<br>cific risks vary from<br>es and sprains to<br>whic injuries inclu | civities such as weight<br>ball, basketball,<br>various muscle<br>nvolve sustained<br>om one activity to<br>major injuries such as<br>ding paralysis and |  |  |
| assumption of risk and ful right to sue. I acknowledge release of liability and to sat the College.   | ly understand its<br>ge that I am signi   | terms. I under<br>ng the agreeme  | rstand that I am give<br>ent freely and volun  | ing up substantial<br>tarily and intend  | rights, including my my signature to be a  |  |  |
| Signature   |   | Date  | Parent/Guardian Sig  | nature   | Date   |  |  |