

Soccer Clinic

CITG Community House Registration Form & Agreement of Release and Waiver of Liability

I _____ HEREBY AGREE TO THE FOLLOWING:

I am aware that participation in a sport, swim or fitness class may result in accident or injury, and I assume the risk connected with the participation in a sport or dance class. I represent that I am in good health and suffer from NO physical impairment which would limit my use of the CITG Community House (CH) facilities. I acknowledge that the instructor(s) has not and will not render any medical services including medical diagnosis of my physical condition. I specifically agree that the instructor(s) and the CH, its teachers, officers, directors, agents, and employees shall not be liable for any claim, demand, cause of action of any kind resulting from or related to my use of the facilities or participation in any sport, exercise or activity within and outside of the CH premises, and I agree to hold the instructor(s) and the CH harmless of same.

I further agree to indemnify the instructors(s) and the CH for any damages arising from any claims, demands, actions, or causes of action by me or on my behalf. In the event of any medical emergency during their participation in these classes, I hereby authorize any representative of the CH to have me treated by a certified professional. Moreover, I agree to pay all costs associated with such medical care and any necessary transportation arising therefrom.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

PLEASE PRINT:

Participants Name _____ Date _____

Participants Name _____ Date _____

Participants Name _____ Date _____

Medical/Health Problems:

Emergency Contact: _____ Number: _____

Please Note: The CH has the right to exclude anyone who fails to abide by the rules of this institution. All classes and programs are subject to minimum and/or maximum enrollment. **The CH reserves the right to cancel any class or program due to insufficient enrollment, scheduling conflicts or emergent situations.** Your registration is accepted on the assumption that the class or program for which you have registered has not yet reached full enrollment. In the event that your registration form is received AFTER maximum enrollment for a class/program has been reached, your form will be returned to you.

I understand that physical activities can be demanding and I take full responsibility for myself/child in participation in the same. Therefore, I release The Community House from any and all liability in case of injury that may happen to me or my child \ during classes. I have carefully read and do understand the above and agree to abide by all the above information

Signature: _____ Email: _____

(Parents signature if a minor)