



Program Registration Form

Participant's Name _____

Male _____ Female _____ Date of Birth _____

Email _____

Address _____

City _____ Zip _____

School District _____ School _____

Daytime Phone # _____ Evening _____

Parent/ Emergency Contact _____

Daytime Phone # _____ Evening _____

Does participant have any allergies, medical conditions or other needs of which we should be aware?
Yes or No (If yes, please explain)

Course Name _____ Day _____ Cost _____

Release of Liability.

REQUIRED FOR ALL PROGRAMS: PARTICIPANT RELEASE OF LIABILITY. READ BEFORE SIGNING.

In consideration of being allowed to participate in any way in the program, related events and activities, I, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assumes full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions of participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately, and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS The Cohoes Community Center, their offices, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessor of premises used to conduct the event (RELEASEES, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property. WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

Further, I hereby grant all permission to any and all the foregoing to use any photographs, videotapes, motion pictures, recordings, or any other record for this event for any purpose.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

* Participant _____ Date _____

FOR PARENTS/GUARDIANS OR PARTICIPANT OF MINOR AGE: (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to clarify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law

Parents Name: _____

* Parent Signature _____ Date: _____