

## GREENSBORO AQUATIC CENTER

**Program Registration Form** 

Mailing Address  City ST Zip Home Phone  Work Phone Mobile Phone *Email 1st Emergency Contact Phone Phone *Email 1st Emergency Contact Phone Phone Phone Phone Phone Phone Phone Phone Registration Receipt: I would like my receipt (please check one) emailed (valid email address required) printed/mailer by providing my email address I agree to receive email communication from the Greensboro Aquatic Center *Participant #1 Information*  Participant #1 Name M M DOB Is this person allergic to anything? Y N Currently taking any medications? Y N Have any special needs? Y If the answer is yes to any of these questions, please explain in detail:  Programs are provided for people of all abilities. If you need a reasonable modification, please check YES below and complete the registration at least two weeks prior to the start of the program/class. Each request will be assessed in compliance with ADA. YES Course Code Program Name Location Date Time Fee DOB Is this person allergic to anything? Y N Currently taking any medications? Y N Have any special needs? Y If the answer is yes to any of these questions, please explain in detail:  Programs are provided for people of all abilities. If you need a reasonable modification, please check YES below and complete the registration at least two weeks prior to the start of the program/class. Each request will be assessed in compliance with ADA. YES Course Code Program Name Location Date Time Fee Main Programs are provided for people of all abilities. If you need a reasonable modification, please check YES below and complete the registration at least two weeks prior to the start of the program/class. Each request will be assessed in compliance with ADA. YES Course Code Program Name Location Date Time Fee	Maiii Contact			(imic	imadon provided may i	oc subject to the N	C Fublic Ne	cords Law,
Mailing Address  City ST Zip Home Phone  Work Phone Mobile Phone *Email 1* Emergency Contact Phone  Registration Receipt: I would like my receipt (please check one) emailed (valid email address required) printed/mailed *By providing my email address I agree to receive email communication from the Greensboro Aquatic Center  *Participant #1 Information  Participant #1 Name M DOB  Is this person allergic to anything? Y N Currently taking any medications? Y N Have any special needs? Y If the answer is yes to any of these questions, please explain in detail:  *Programs are provided for people of all abilities. If you need a reasonable modification, please check YES below and complete the registration at least two weeks prior to the start of the program/class. Each request will be assessed in compliance with ADA. YES  *Course Code Program Name Location Date Time 'Fee  *Participant #2 Information  Participant #2 Name M  DOB  Is this person allergic to anything? Y N Currently taking any medications? Y N Have any special needs? Y  If the answer is yes to any of these questions, please explain in detail:  *Program Same Sample Sa	Last Name				First Name _			
City	Male	Female		DOB		Are you a Me	mber?	Yes No
Work Phone	Mailing Address							
1st Emergency Contact	City		ST	Zip	Home PI	hone		
Non Household Emergency Contact	Work Phone		Mobile Ph	one	*Email			
Non Household Emergency Contact	1 <sup>st</sup> Emergency C	ontact			Phone			
**Popular **Popu								
Participant #1 Information  Participant #1 Name	Registration Rec	eipt: I would like	my receipt (plea	se check one)	emailed (valid email	address required	) print	ed/mailed
Participant #1 Name	*By providing my em	ail address I agree t	o receive email com	munication from the	Greensboro Aquatic Cente	er		
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## WAIVER

To the best of my knowledge, I am in good physical condition and fully able to participate in activities within the Greensboro Aquatic Center. I am fully aware of the risks and hazards connected with the participation, including physical injury or even death, and herby elect to voluntarily participate in said activity or membership knowing that the associated physical activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this course.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, the Greensboro Aquatic Center, City of Greensboro, Greensboro Coliseum Complex, their officials, employees and agents (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the Greensboro Aquatic Center and Coliseum Complex premises where the activity is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of North Carolina.

In signing this release, I acknowledge and represent that I HAVE READ THE FORGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

SIGNATURE	DATE