



# Adult Registration Form

## Participant Information:

Name: \_\_\_\_\_

\*If your information is the same from last year, please check the box and then sign your name at the bottom of the page.  Yes

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If requested, is it OK if we share your contact information with other class participants?  Yes  No

## Emergency Contact Information:

Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

## Activities:

Please check all activities you plan to attend on a regular basis:

<input type="checkbox"/> Seniors Exercising Together (SET) <input type="checkbox"/> Boot Camp-Session (held every 8 weeks) <input type="checkbox"/> Adult Volleyball-Fall & Winter Sessions <input type="checkbox"/> Kids Programs <input type="checkbox"/> Other: _____
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### **Release of Liability & Assumption of Risk**

The use of the premises, facilities, equipment, and services at **Ankeny First United Methodist Church** naturally involves risk of injury to you or your guest, whether you or someone else cause it. As such, you understand and voluntarily accept this risk and agree that **Ankeny First United Methodist Church** will not be liable for any injury, including, without limitation, personal, bodily or mental injury, economic loss or any damage to you, your spouse, guests, unborn child, or relatives resulting from the negligence of **Ankeny First United Methodist Church** or anyone on **Ankeny First United Methodist Church's** behalf or anyone using the facilities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_