

# Yates Community Center – Line Dancing Registration & Liability Waiver

## Participant Information

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Emergency Contact Information

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

Phone Number: \_\_\_\_\_

## Acknowledgment of Risk and Release of Liability

I understand that participation in fitness activities, classes, and use of equipment through the Yates Community Center involves inherent risks, including but not limited to injury, illness, falls, accidents, or other physical harm. I acknowledge that I am voluntarily choosing to participate and assume all risks associated with participation. I affirm that I am in good health and capable of engaging in physical activity. I understand it is my responsibility to consult with a physician prior to beginning any exercise program. In consideration of participation, I hereby release and hold harmless the Yates Community Center, Chubb Hollow Events Center, St. Michaels Church, and their respective boards, directors, employees, volunteers, agents, and representatives from any and all liability, claims, demands, injuries, damages, or losses that may occur as a result of participation, except in cases of gross negligence or willful misconduct. I agree to follow all posted rules and staff instructions for safe participation.

## Agreement Confirmation

I acknowledge that my signature below means I have read and accept the membership rules and liability waiver.

Applicant Name (Print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

## Office Use Only

Payment Type:  Cash  Check  Card

Amount Paid: \_\_\_\_\_

Staff Initials: \_\_\_\_\_