



For MCC Association Use Only:
Project #: **4805- 9306** MCC Wellness Council

Date Paid: _____

Cashiers Initials: _____

Please return form to Julianna Frisch, 1-321

PIYO FOR EMPLOYEES!

Fall 2017 Registration Form

Mondays and Thursdays 5:05pm – 6:05pm, September 11- December 21, 2017

Please complete form and submit with payment to Brighton Campus Service Desk or Downtown Campus Bookstore.

Name: _____

Employee MNumber: _____

Phone: _____

Email: _____

Registration Fee: \$90.00

Checks made payable to the MCC Association Inc.

MCC WELLNESS COUNCIL EVENT WAIVER

MANDATORY WAIVER In consideration of my registration being accepted, I hereby, for myself, my heirs, executors and assigns waive, release and forever discharge Monroe Community College, its agents, officers and employees, other sponsors and their representatives, successors, and assigns, from any and all liability, claims or costs of any nature whatsoever, including, but not limited to personal injury of death, arising out of or in any way related to my participation in MCC Wellness Council events.

Participant's signature:
