

For MCC Association Use Only: Project #: <b>4805- 9306</b> MCC Wellness 0	Council
Date Paid:	_
Cashiers Initials:	_

## PIYO FOR EMPLOYEES!

Fall 2019 Registration Form

Mondays 5:00pm – 6:00pm, September 16- December 9, 2019. No Class November 11, 2019

Please complete form and submit with payment to Brighton Campus Service Desk

Registration Fee: \$36.00 for MCC, MCC Association and MCC Foundation employees. \$56.00 for guests

Checks made payable to the MCC Association Inc.

## Please check and complete applicable registration information:

MCC, MCC Association, MCC Foundation Employee
Name:
Employee MNumber:
Phone:
Email:
Guest of MCC Employee
Name:
Name of Hosting MCC Employee:
Guest Phone:
*Guest Email:

\*Guests will be e-mailed a parking pass to be displayed on dashboard for all class dates



## **ALL** participants must complete waiver on the next page:

Fitness/Physical Activities Participation Waiver
Assumption of Risk, Release, Waiver of Liability & Indemnification Agreement

By signing this, the participant understands and agrees that participation in any and all fitness/physical activities, including the use of property, facilities, equipment and/or services at Monroe Community College (MCC) is strictly voluntary. In addition, by signing below, participant acknowledges and agrees to the following:

I understand that my use of the property, facilities, equipment and/or services of MCC and/or my participation in fitness/physical activities presents certain risks of injury, including but not limited to personal injury or death. Understanding the risks involved, I knowingly and voluntarily choose to take these risks in order to use the property, facilities, equipment and/or services of MCC and/or participate in the fitness/physical activities.

In case of emergency, accident, illness or other incapacity, which occurs while I am using the property, facilities, equipment and/or services of MCC and/or participating in any fitness/physical activities, I give my permission to be treated by a medical professional and admitted to a hospital, if necessary. I understand and agree that I am responsible for all medical and emergency expenses incurred on my behalf regardless of whether I have authorized such expenses.

I further assert that I am currently covered under	a health insurance plan that provides coverage in the
Rochester area. My health insurance company is	and my policy #
is	(please attach a copy of proof of health insurance). In ows (name, relationship, address and phone number):
case of emergency, contact information is as follo	ows (name, relationship, address and phone number):
Association, Inc. and the County of Monroe, their all claims, demands, cause of action, damage, los	MUNITY COLLEGE, the Monroe Community College remployees, agents, officers, and directors from any and s of services, costs and expenses in any way resulting ang directly or indirectly out of my participation in the
•	ICC, the MCC Association, Inc. and the County of rectors from any and all injuries, damages, costs, or f participation in the above activity.
The release of liability and indemnification agree personal representatives.	ment shall be binding on my heirs, successors and
I have read the foregoing and assumption of risk, agreement and acknowledge that the provisions a am bound by the terms by my signature.	release, waiver of liability and indemnification re contractual and not a mere recital and I understand I
Participant Signature:	Date
Printed Name:	Date of Birth:
MCC ID#:	(if applicable)
(If the participant is under the age of 18, a parent/	guardian must also sign below to consent and grant

permission to participate.)

