



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

Date Paid: _____

Cashiers Initials: _____

PIYO FOR EMPLOYEES & GUESTS!

Spring 2018 Registration Form

Mondays 5:05pm – 6:05pm, January 8- March 5, 2018 and March 26 – May 14, 2018

No Class Monday January 15, 2018

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

Registration Fee: \$48.00 Employee, \$65.00 Guest

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 case of emergency, contact information is as follows (name, relationship, address and phone number):

I hereby release and discharge MONROE COMMUNITY COLLEGE, the Monroe Community College Association, Inc. and the County of Monroe, their employees, agents, officers, and directors from any and all claims, demands, cause of action, damage, loss of services, costs and expenses in any way resulting from any and all injury to person or property arising directly or indirectly out of my participation in the fitness/physical activity.

I agree to indemnify and hold forever harmless MCC , the MCC Association, Inc. and the County of Monroe, their employees, agents, officers, and directors from any and all injuries, damages, costs, or attorney's fees whatsoever which may arise out of participation in the above activity.

The release of liability and indemnification agreement shall be binding on my heirs, successors and personal representatives.

I have read the foregoing and assumption of risk, release, waiver of liability and indemnification agreement and acknowledge that the provisions are contractual and not a mere recital and I understand I am bound by the terms by my signature.

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.)