

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

Date Paid:_____

Cashiers Initials:

KEMETIC YOGA FOR EMPLOYEES & GUESTS!

Spring 2018 Registration Form

Tuesdays 5:15pm – 6:15pm, January 30- May 22, 2018 at the Downtown Campus Dance Studio, Room 250

No Class February 20, 2018 and April 3, 2018

Please complete form and submit with payment to Melany Silas, Room 242C, Downtown Campus. For credit card payments please contact Julianna Frisch at jfrisch@monroecc.edu

Registration Fee: \$45.00 Employee, \$60.00 Guest

Checks made payable to the MCC Association Inc.

Please check and complete applicable registration information: 1 person per registration form

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 for	ollows (name, relationship, address and phone number):
Association, Inc. and the County of Monroe, thall claims, demands, cause of action, damage, l	MMUNITY COLLEGE, the Monroe Community College neir employees, agents, officers, and directors from any and loss of services, costs and expenses in any way resulting rising directly or indirectly out of my participation in the
•	s MCC, the MCC Association, Inc. and the County of directors from any and all injuries, damages, costs, or t of participation in the above activity.
The release of liability and indemnification agreesonal representatives.	reement shall be binding on my heirs, successors and
	sk, release, waiver of liability and indemnification s are contractual and not a mere recital and I understand I
Participant Signature:	Date
Printed Name:	
MCC ID#:	

(If the participant is under the age of 18, a parent/guardian must also sign below to consent and grant permission to participate.)

