

Community Center RQLC LLC
Fitness Facility

REGISTRATION FORM

Name of Program: _____ \$ Cost: _____

Participant's Name:	Birth Date:	
Parent of Participant (if participant is under 18 years of age):		
Address:	e-mail:	
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
Emergency contact other than parent:		phone:
Does the participant have any special health conditions, allergies, or disabilities that the instructor should be aware of? NO YES explain		

Please read and sign the following release: I understand the nature and scope of the program listed above. I understand that there are risks and dangers associated with the program listed above. I understand that it is not the function of RQLC LLC (Randall Quam/Laura Couture), its employees, agents, owners, operators, or instructors to guarantee the safety of participants with respect to the program listed above. I also understand that each participant has the responsibility to exercise due care in the performance of the activities/programs listed above for the safety of himself/herself and the other participants. Inconsideration of the participants begins permitted to enroll in the program listed above, I hereby release, indemnify, and hold harmless RQLC LLC (Randall Quam/Laura Couture), its employees, operators, owners, and instructors from any and all claims and demands, costs, charges, and expenses from harm, injury, damage, or loss which may be sustained by the participant as a result of or relating to participation in the program listed above. I have read and I understand the above liability release.

In witness whereof,

I have executed this liability as my own free act on the date: _____.

Participant signature (if over 18) _____

Parent, guardian or legal custodian (if participant is under 18 years of age)

***NO CASH REFUNDS FOR PROGRAMS UNLESS THE PROGRAM IS CANCELLED. If after the 1st class of a program that did not fill up and you are unable to attend the program you may receive credit for another program at the Community Center on Glider. Please initial: _____**

For Community Center use only: Date: / / Name: _____ Amt. \$ _____