

## Release of Liability and Assumption of Risk For Fitness Activities at Monroe County Community College

If you are taking any of the following classes, you must sign this waiver and submit it prior to the first day of class. Only one form (per person) is necessary per semester. A parent or legal guardian must sign for anyone under 18 years old.

Personal Fitness Trainer Certification  
Circuit Training  
CrossFit

Tae Kwon Do  
Children's Self-defense  
Urban Kickboxing

Destination Dance  
Dance2Fit

Women's Self-defense  
PiYo

I, the undersigned, in consideration of the use of physical fitness facilities at Monroe County Community College, declare and agree as follows:

- I acknowledge that all training and fitness/exercise activities carry with them the potential for personal property damage, personal injury, and death.
- I assume all risks of injury arising out of my participation in any college-sponsored fitness/exercise activity, including my use of any college-owned fitness equipment.
- I certify that I am physically fit and able to participate in fitness/exercise activities and have not been advised otherwise by a qualified medical person. I have received sufficient training for participation in any fitness activity and equipment use.
- I release and agree to indemnify Monroe County Community College and its trustees and employees from any and all liability, loss, damage, expense, or cost of any nature whatsoever for any and all claims that are known or unknown, foreseen or unforeseen, future or contingent, for personal injury or property damage arising out of fitness/exercise activities at Monroe County Community College.
- I agree that I shall not now or at any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceedings against Monroe County Community College and/or its trustees and employees arising out of, relating to, or in connection with my use of any fitness equipment and/or my participation in any college-sponsored fitness/exercise activity.
- I consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during my participation in fitness/exercise activities at Monroe County Community College.
- I attest that I am of legal age to sign this form as a binding legal document in accordance with its intention.

I have carefully read this release of liability and fully understand its contents. I agree to assume all risks of injury associated with fitness activities at Monroe County Community College. I agree not to make a claim against Monroe County Community College if I am injured while using fitness equipment or engaged in fitness/exercise activities. I sign this agreement of my own free will.

\_\_\_\_\_  
Class Title

Semester:  Winter  Summer  Fall

\_\_\_\_\_  
Print Participant's Name

\_\_\_\_\_  
Student ID# or last 4 digits of SSN

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**If the participant is under 18 years of age, a parent/legal guardian must sign below.**

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Emergency Phone #

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*Return this form along with your registration form to the Office of Lifelong Learning.  
You may also fax it to us at 734.687.6049.*

**For the safety of our community, class size may be reduced to allow for social distancing. Also, all staff and students are required to wear PPE when on campus.**

**Registration Term and Year**

- Winter 2021
- Summer 2021

Monroe County Community College  
**Lifelong Learning Registration Form**

Corporate and Community Services Division  
 1555 South Raisinville Road • Monroe, Michigan 48161

Office 734.384.4127 • Fax 734.687.6049



• ONE FORM PER PERSON •

Social Security Number / /	- OR -	Student ID Number 
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Last Name	First Name	M.I.
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Home Address
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City	State	Zip Code	<b>Residency Status</b> <input type="checkbox"/> Monroe County <input type="checkbox"/> Out of Monroe County <input type="checkbox"/> Out of State
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Day Phone Number ( )	Evening Phone Number ( )	Other Phone Number ( )	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Pager <input type="checkbox"/> Campus <input type="checkbox"/> Fax
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Date of Birth / /	Gender M or F	Email Address
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Yes, please sign me up to receive email announcements on new Lifelong Learning classes, as well as for an early preview of the schedule each semester.

Course Number	Class Title	Time	Start Date	Location	Tuition	Fee*

\* MCCC provides a Senior Citizen Scholarship to Monroe County residents 60 years or older. Please confirm the fee(s) you may be responsible for before submitting this form.

Total Due \_\_\_\_\_  
 \*Fee included in Tuition

Tuition & Fees	Method of Payment	Credit Card Fees
\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	Cash, Check or Money Order <i>(payable to MCCC)</i> Visa, MasterCard or Discover Card # _____ Exp. Date _____ Company Authorized Billing: Waiver # _____ Company _____ MCCC Employee Tuition Senior Citizen Scholarship <b>TOTAL TUITION &amp; FEES PAID</b>	A 2% convenience fee will be charged to the cardholder for credit or debit card payments. This fee is a portion of the cost to MCCC for accepting credit cards as a form of payment. MCCC does not profit in any way from this fee.  Rcvd. By _____ Date _____