Release of Liability and Assumption of Risk For Fitness Activities at Monroe County Community College
Our Fitness or Dance Courses

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.

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

__________________________  ____________________________  ____________________________  ____________________________  ____________________________  ____________________________
Print Participant’s Name   Student ID# or last 4 digits of SSN   Date of Birth   Semester: □ Winter □ Summer □ Fall

__________________________  ____________________________  ____________________________
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 #   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.
### Registration Term and Year
- Winter 2022
- Summer 2022

### Social Security Number

### Last Name

### First Name

### M.I.

### Previous Last Name

### Home Address

### City

### State

### Zip Code

### Residency Status
- Monroe County
- Out of Monroe County
- Out of State

### Date of Birth

### Gender
- M
- F

### Email Address

---

**Which of the following describes your race/ethnicity? Please select only one option.**

- Caucasian
- African American
- American Indian/Alaska Native
- Hawaiian/Pacific Islander
- Choose not to Report
- Hispanic/Latino
- Asian
- International
- Two or More Races

### Course Number

### Class Title

### Time

### Start Date

### Location

### Tuition

### Fee*

---

*Fee included in Tuition

---

**Tuition & Fees**

<table>
<thead>
<tr>
<th>Method of Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ __________</td>
</tr>
<tr>
<td>$ __________</td>
</tr>
<tr>
<td>$ __________</td>
</tr>
<tr>
<td>$ __________</td>
</tr>
<tr>
<td>$ __________</td>
</tr>
</tbody>
</table>

**Credit Card Fees**

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_________________

---

* 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**