

Healthy U Fitness: Summer 2018 Enrollment Form

Please Circle the Class Session(s) that you are enrolling for:

Full Semester Classes (January 16 – May 4)				
X-FIT	T/R 6am – 7am	Richey Woods	May 7 – Aug 2	Cost: \$50
Full Body Cardio	T/R 12 to 12:50pm	Bevin Lamb	May 7 – Aug 2	Cost: \$50

<u>*Start Classes ANY TIME DURING THE SEMSTER!!!</u>				

REGISTRATION INFORMATION

Complete the registration below and return, with payment amount listed above to Continuing Education, Kent Wyatt Hall 239, Cleveland, MS 38733.

Continuing Education and the Department of HPER reserve the right to cancel due to low enrollment or substitute instructors for any of the above classes.

Payments must be received at time of registration to guarantee spot

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Class: _____

Participant Name: _____ DOB: _____

Mailing Address: _____

Phone: _____

Email: _____

Emergency Contact Name and Relation: _____

Emergency Contact Phone Number: _____

Current Medical Issues/Concerns: _____

Participant Signature: _____

Payment: Cash Check Credit Card (3% charge for CC transaction) Payment

Amount: _____ Payment for (class): _____

FOR OFFICE USE ONLY:	Payment: _____	Receipt #: _____	Date: _____ Time: _____
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Assumption of Risk and Release Form
General Participation in Student Activities at Delta State University
2018 Edition

This is a Release of Legal Rights – Read and Understand Before Signing

Program: Healthy U Fitness Program

I, _____, (Participant’s name) will be participating in Healthy U Fitness Program (“the Program”) offered through Delta State University’s Continuing Education. I hereby agree as follows:

1) **Risks**

I understand that participation in the Program may from time to time involve risks. These include risks involved in traveling to and within, and returning from, one or more activities; different standards of design, safety and maintenance of buildings, public places and conveyances; and other matters, if any, which may be described in brochures and other written information concerning this Program which I have received and reviewed. I have made my own investigation and am willing to accept these risks.

2) **Independent Activity**

Although Delta State University (“University”) is sponsoring this Program, I understand that I will be participating in activities during the Program, which contains an inherent risk, indemnities, and release Delta State University, its Officers, Directors, Agents, and Employees from any and all liability to personal injury arising from participation in the Program.

3) **Health and Safety**

I have no health-related reasons or problems that preclude or restrict my participation in this Program. If at any time it is necessary for the participant to receive outside or professional medical attention, I hereby give my consent to the Program staff to secure the services and arrange transportation if deemed necessary. If I require medical treatment or hospital care during the Program, the University is not responsible for the cost or quality of such treatment or care.

I hereby authorize the University or a university official to procure all necessary medical assistance while I participate in the Program and to authorize any competent medical person to do all things reasonably necessary to treat any injury or illness that occurs during my participation in the Program. I agree to pay all expenses relating thereto and release the University from any liability or any actions.

I have carefully read this Assumption of Risk and Release Form before signing it. No representations, statements or inducements, oral or written, apart from the foregoing written statement have been made.

This Agreement shall be effective only during acceptance into the Program by Delta State University, and shall be governed by the laws of the state of Mississippi, which shall be the forum for any lawsuits filed under or incident to this Agreement or to the Program.

Participant’s Name: _____

Participants Signature: _____

Date: _____