

CLASS ACTIVITY REGISTRATION

MEMBER Name: _____ **Bringing a support person: Y / N**

Activity Name: _____ Activity Fee: _____

Activity Date: _____ Activity Times: _____ to _____

Activity Host Location: _____

Activity Address: _____

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LIABILITY WAIVER STATEMENT

I, (PRINT NAME) _____, as the responsible party for (PRINT NAME) _____, give permission for

him/her to participate in Palooza Activity Center, Inc., at any Palooza host location, including but not limited to the location described above. I hereby RELEASE, WAIVE, DISCHARGE, AND COVENEANT NOT TO SUE Palooza Activity Center, Inc., administration, board, volunteers, staff, and any and all of Palooza’s host locations from any and all liability, claims, demands, action and causes of actions whatsoever arising of or related to any loss, damage or injury that may be sustained by me, or to any property belonging to me, while participating, or while on or upon the premises of the host location.

If any medical services are necessary in an emergency situation, I give permission for these services to be rendered.

I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this activity.

I HAVE READ THE LIABILITY WAIVER STATEMENT, FULLY UNDERSTAND ITS TERMS, AND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

RESPONSIBLE PARTY SIGNATURE

DATE