# 2020 FALL T’AI CHI AT NORTHSIDE

# REGISTRATION & WAIVER FORM

**AUGUST 17 – DECEMBER 2, 2020**

PLEASE PRINT CLEARLY. ONE APPLICATION PER PARTICIPANT.

|  |
| --- |
| Participant’s Name (Last, First) |
| St. Address | City | Zip |
| Home Phone | Work Phone | Cell Phone |
| Church Affiliation | Email |
| Birth Date | Children’s Names and Ages |
| Emergency Contact Name and Phone Number |
| **WAIVER AND RELEASE FROM LIABILITY***In consideration for allowing me to participate in sports and fitness activities at Northside United Methodist Church (the Church) and further in consideration of the Church allowing me to enter and use the facilities owned, I fully and completely release, discharge and hold harmless the Church, and its directors, trustees, officers, employees, agents, insurers and instructors (collectively its agents and employees) from any and all claims, actions, causes of action, and damages of any kind whatsoever, including but not limited to claims for personal injury or property damage, arising out of my participation in any fitness activity at the Church. I acknowledge and recognize there are inherent risks involved in sports or fitness activities, including but not limited to potential exposure to COVID-19, at the Church and I assume the risk of any injury sustained while at Northside United Methodist Church. I undersigned and agree to indemnify, defend and hold harmless the Church and its agents and employees from any and all claims arising of my participation in fitness activity at the Church, even if such claim arises as a result of a negligent act or omission of the Church or its agents and employees.**I hereby give permission for any and all medical attention to be administered, in the event of accident, injury, illness, sickness, etc., under the direction of the Northside United Methodist Church Sports & Recreation staff, instructor and/or the listed emergency contact. I also declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in this fitness program. I also acknowledge that I have received either a physical examination and been given my physician’s permission to participate, or that I have decided to participate in this exercise program without the approval of my physician and do hereby assume the risk of any and all injuries which might result from my participation and activities.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature/Date* |
| Check Session | Session Name | DATES | DAYS/TIMES | COST |
| □ | T’ai Chi | AUG 17 – OCT 26  | Mon 11:30 -12:30 pm | $100 |

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| --- | --- | --- | --- | --- |
| □ | T’ai Chi | NOV 2 – DEC 2  | Mon 11:30 -12:30 pm | $60 |

Please make checks payable to Northside UMC

Drop-off or mail your check with this application to:

NUMC

Attn: SPORTS & RECREATION

2799 Northside Dr. NW

Atlanta, GA 30305