

Tufts University Fitness & Recreation Mini-Courses Registration Form

PLEASE PRINT CLEARLY!

Semester: Spring 2012

Name _____ **Tufts ID Number** _____
(please type or print clearly)

Phone _____ **Email** _____

Status: Undergraduate Student _____
Graduate Student _____
Faculty/Staff _____
Alumni _____

Class Selection

Class Name _____ Days _____ Time _____ Fee _____

Class Name _____ Days _____ Time _____ Fee _____

Class Name _____ Days _____ Time _____ Fee _____

Cash or Check payable to "Trustees of Tufts University"

No reimbursements after the 2nd week of classes.

Waiver Form Must Be Signed by All Participants

In consideration of the acceptance of my entry as a participant in _____, (class) I, for myself, my executors, administration, heirs and assigns, do hereby release and forever discharge the Trustees of Tufts College, and all officers, administrators, employees, and agents of Tufts University, and all owners of this property on which the _____ (class) is held from all claims of damages, demands and actions whatsoever in any manner of growing out of my participation in this event. I hereby attest and verify that I have full knowledge of the risk involved in _____, (class) that I will assume and pay my own medical expenses and emergency expenses in the event of accident, illness or other incapacity, regardless of whether I have authorized such expenses. I attest that I am physically fit and sufficiently trained to participate in the _____ class.

**Participant's Signature _____ Date _____

Emergency contact: Name: _____ Phone: _____

***Participants under the age of 18 must have signature from parent.*

Office Use Only:

Cash _____

Check _____

Date _____