

**Tufts University Fitness & Recreation Mini-Courses Registration Form**

**PLEASE PRINT CLEARLY!**

**Semester:** Fall 2009

**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 \_\_\_\_\_

**There will be no reimbursements after the second week of classes.**  
**Cash or Check payable to "Trustees of Tufts University"**

\*\*\*\*\*

***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 \_\_\_\_\_