



2019 Registration Form Tai Chi

Make checks payable to
Jon Wilson

Fee: \$70.00 Pre-registration for 8 Week Session

Return to: Recreation
2 Race Street
Edgewood, PA 15218

Register at First session: \$80.00
Register at Second Session: \$90.00
Drop in: \$15

Please Print

Name: _____

Address: _____
Street City State Zip

Phone: (Primary) _____ (Secondary) _____ (Third) _____

Email: _____

Notifications about cancellations or class changes will be posted on the Edgewood Borough Community Events Facebook page.

One 8 week Session available:

Mondays from 7:30-8:30pm with Jon Wilson
January 7 through February 25

RELEASE OF ALL CLAIMS

I/We hereby make an application for the above-named to be enrolled in the programs of Edgewood Borough. In consideration thereof, I/we hereby agree to release, absolve, defend, indemnify and hold harmless the Borough of Edgewood, Edgewood Recreation Board, directors, officers, coaches, sponsors and any affiliated individual, firm, corporation or entity for any and all claims or causes of action on behalf of myself/ourselves and the above-named person including, but not limited to, the following: 1) any injury, risk and hazard incidental to the conduct of activities, including practice, match, ceremonial functions and transportation to and from the activities; 2) any harm or distress which may be sustained incidental to conduct and implementation of the laws of the game as adopted by the Edgewood Recreation Department, including roster changes, disciplinary actions, suspensions and dismissals from the Club; and 3) providing, in the case of injury requiring immediate medical attention, assistance and/or treatment by a physician, surgeon, paramedic, trainer or hospital, as would ordinarily be given to a patient in such condition.

THE RELEASE APPLIES EVEN IF THE ACT(S) OR OMISSION(S) OF THE PERSON(S) OR ENTITY(IES) RELEASED IS/ARE NEGLIGENT.

- I/We certify that the enrolled above is in good health and may participate in strenuous physical activities, including, but not limited to Tai Chi.
- I/We certify that the enrolled above has health insurance coverage.
- I/We have read the above and understand what I/we am/are signing.

Signature

Date

Printed Name

FOR OFFICE USE ONLY

Amount Paid: _____ Check No: _____