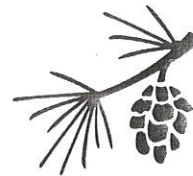


Adult Registration Form



Pines Community Center

Name of Program: _____

Participant Name: _____ D.O.B: _____ Gender: _____

Mailing Address: _____

Street Address (if different from mailing): _____

Home Phone: _____ Cell: _____ Email: _____

How did you hear about this program: _____

Emergency Contact:

Name: _____ Relation: _____ Phone #: _____

Participant Statement of Agreement

I assume all risks and hazards incidental to participation in the above program, and I do hereby, for myself, my heirs, executors and administrators, waive and release all rights and claims against the Pines Community Center (P.C.C.)/Tilton-Northfield Recreation Council (T.N.R.C.), its officers, employees, agents, and volunteers, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses, arising out of, or in connection with, participation in the above activity.

Medical Release Agreement

In the event of an emergency, when I am unable to make a decision and the emergency contact listed above cannot be reached, I hereby give permission to the employees of the T.N.R.C./P.C.C. to call rescue personnel. I further authorize the appropriate medical personnel to treat, hospitalize, administer anesthesia, and/or order injections or surgery for my safety.

Payment/Refund Clause

By signing this form I fully understand that only full payment of the program fee by the date specified guarantees my participation in this program. I understand that many of your programs fill quickly, and often have a waiting list. I acknowledge that a refund will only be given in the event of program cancellation. I acknowledge that a \$15.00 fee will be charged for a returned check.

Photo Release Agreement

I hereby give permission for my photograph to be taken and used in Pines Community Center publications. I understand that the photograph may appear on the Pines' website or Facebook page, and that it may be used for P.C.C promotional or publicity purposes in various media including, but not limited to, newspapers, magazines, television and the internet. I hereby waive the right to inspect or approve final images or advertising copy of the photographs taken and so used.

By Signing below I confirm that I have read and understand all of the information in this document and I accept the Participant Statement of Agreement, the Medical Release Agreement, the Payment Refund Clause, and the Photo Release Agreement.

Signature _____ Date _____

For office personnel, Only:

Name: _____ Date: _____

Cash Payment: \$ _____ Receipt # _____

Check Payment: \$ _____ Check # _____