



COURSE REGISTRATION FORM

Course Name _____

Course # _____ **Term** _____

- I am a current (select one)**
- Student taking 1 credit or more
 - Employee
 - Employee Dependent

In order for eligible employee dependents (spouses, domestic partners, family members, etc) to receive the tuition waiver benefit, a Tuition Waiver verification form must be on file with Human Resources. Contact Human Resources at x2406 with any questions.

Legal Name (First, Middle Initial and Last)	Date of Birth (mm/dd/yyyy)	Gender
Address		
City	State	Zip Code
Phone Number		
Email Address		

Student Signature _____ **Date** _____

The Campus Safety Report complies with the requirements of the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (Clery Act). It explains how the College reports and handles crime and emergency situations on or near College property and provides statistics on reportable offenses. The full report is available at www.clatsopcc.edu/campus-information/campus-safety. We will provide a paper copy of the Campus Safety Report upon request. Clatsop Community College is an affirmative action, equal opportunity institution.

**Clatsop Community College Fitness
Liability Release Form (Adult 18+)**

(Please print)

Participant's Name _____

Home Phone _____ Address _____

Emergency Contact Name(s) and Number(s) _____

Activity use of Patriot Hall facilities for physical activity

Clatsop Community College (College) requests anyone participating in the Physical Activity to sign the following Liability Release Form and return it to the College.

The facilities, equipment, and exercise programs utilized by the College have been designed and instituted to provide exercise benefits and enjoyment without compromising the health and safety of participants. In physical fitness programs, certain dangers and conditions may occur, including but not limited to, muscle and joint injury, strains, sprains, bruises, hernias, and other injuries. These include injuries inflicted by the following: all manner of injury resulting from falling and impacting the floor or wall, failure of exercise equipment, injuries caused through inappropriate technique or overuse, injury resulting from increased heart rate, blood pressure and strenuous physical activity, which may include shortness of breath, lightheadedness, or death. I understand that participation in this Physical Activity will expose me to risks of injuries and that I will be engaging in Physical Activity without class supervision. Some of these risks are foreseeable, but some are unforeseeable. Examples of risks include physical injury, emotional injury, property damage, economic loss, noneconomic loss, and deprivation of rights, privileges, and immunities. Also, some of these risks cannot be eliminated due to the nature of the Physical Activities. I understand that these risks could cause harm to me, my property, and harm to other persons.

I recognize that my participation is not required by the College. I recognize the dangers inherent in the Physical Activities, but I am willing to participate in the Physical Activity. As consideration for my right to participate in the Physical Activity, I voluntarily agree to waive and discharge any and all claims against the College and release it from liability, up to and including claims for any negligent actions of the College or its employees or agents, to the fullest extent allowed by law, for myself, my estate, my heirs, my administrators, executors, assignees, and successors. I also agree to release, exonerate, discharge and Hold Harmless the College, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from liability, claims, causes of action, or demands, including attorney fees, arising out of injuries of any kind to me, my property, or losses of any kind which may result from or in connection with my participation in the Physical Activity, up to and including injuries stemming from the negligent actions of the College or its employees or agents. **I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties.**

I, the undersigned, acknowledge that it is my responsibility to procure or otherwise obtain accident and medical insurance coverage for my participation in this Physical Activity.

I further acknowledge that I am responsible for following the rules and regulations of the College found on the Patriot Hall webpage www.clatsopcc.edu/patriothall with regard to participation in the Physical Activity. I acknowledge that if I fail to follow the College's rules, I may lose my right to participate in the Physical Activity and may forfeit any fees paid to participate in the Physical Activity.

This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

I certify that I have read this document and fully understand its contents. I freely and voluntarily assume all risks of participation in this Physical Activity on my behalf.

Signature of Participant _____ Date _____

Clatsop Community College Fitness: Liability Release Form (Adult)