

Participant Information:

First Name: _____ M.I.: _____ Last Name: _____

Address: _____ City: _____

Zip: _____ State: _____ County: _____

Primary Phone: (_____) _____ Alternate Phone: (_____) _____

Gender: Male _____ Female _____ D.O.B.: _____ / _____ / _____ (MM/DD/YY)

E-Mail: _____

What is your preferred method of contact? Email__ Phone call__

How did you hear about TCoL? _____

Racial/Ethnic Background: (Please choose from the following which best describes your racial/ethnic heritage.)

- Caucasian Black/African American American Indian Middle Eastern
 Asian Native Hawaiian Alaska Native Other Pacific Islander
 Mix: _____ Hispanic/Latino/a

Emergency Contact:

Name: _____ Relationship: _____

Primary Phone: (_____) _____ Alternate Phone: (_____) _____

THE FOLLOWING SECTION IS TO HELP TCoL PURSUE FUNDING. PERSONAL IDENTIFYING INFORMATION IS NOT SHARED.

ARE YOU A U.S. VETERAN: No _____ Yes _____

TOTAL HOUSEHOLD INCOME:

- \$0 - \$19,999 \$20,000 - \$39,999 \$40,000 - \$59,999
 \$60,000 - \$79,999 \$80,000 +

Waivers and Releases on Back

Office Use:

Bar Code ID Tag : _____ Initial and date when entered in Schedules Plus: _____

Code of Conduct Acknowledgement/Acceptance:

TCoL’s Code of Conduct Policy is intended to ensure a safe, positive, and healthy environment. I have read and agree to abide by the Code of Conduct and understand that if I breach any of the Codes, disciplinary action will result.

Consent to Photograph, Film and/or Tape Agreement:

I understand that I may be photographed at the Activity. I agree to allow my photo, film, tape or likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns. Additionally, I waive any right to royalties or other compensation arising or related to the use of photographs, films and/or tapes.

Class, Clubs & Workshop Payments and Registration Agreement:

TCoL reserves the right to cancel, add, or change any class or workshop contingent upon registration. Prerequisites, registration and payment requirements for each class vary. Please read each class description carefully for details. Participants are registered on a “first-sign-up, first served” basis.

Hold Harmless Agreement:

I voluntarily participate in activities and programs offered by *Thompson Center on Lourdes (TCoL)*. I hereby hold harmless and release TCoL and its Board of Directors, Staff, Volunteers, Instructors, and all individuals or entities associated with the organization (Released Parties) from any and all liability of claims, property damage, theft, person injury, death, and any losses or harm which may occur as a result of my participation in programs and activities offered and organized by TCoL (Participation) including those that are offered outside of its main facility of operations. By execution of this Hold Harmless and Release of Liability, I hereby agree to indemnify and hold harmless Released Parties from all liability, claims, demands, and damages arising from my Participation and agree that TCoL may disqualify me from further participation in the Activity if I fail to adhere to the rules and conditions stated in the registration information and this Agreement.

Participation Agreement:

I AM AWARE THAT SOME CLASSES MAY POSE A DANGER TO ME. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING **My Initials Here: _____**

I further understand that my participation is 100% voluntary, which I can terminate at any time should I feel that participation or continued participation will endanger my health, safety or cause personal and or property damage, injury, or loss. I also understand that it is my responsibility to consult a physician prior to starting a fitness class and that TCoL reserves the right to refuse a person’s participation in class due to safety reasons.

I HAVE READ THIS RELEASE BEFORE SIGNING BELOW AND I FULLY UNDERSTAND THE CONTENTS, MEANING AND IMPACT OF THIS RELEASE.

Participant’s Signature: _____ **Date:** _____

Please complete the following info if you are filling out Hold Harmless and Release of Liability for the Participant:	
Name of Representative: _____	Relationship: _____
Signature: _____	Date: _____