CSN CAMPUS RECREATION
Registration & Liability Form
Please print and fill out completely. Registration cannot be processed if not legible.

Registration Fee Paid for:
□ Spring 2019  □ Summer 2019
□ Fall 2019  □ Faculty/Staff Year

Name: _____________________________________________
(First)   (Last)
Address: _______________________________________________________
City________________________________ State______ Zip_____________
Primary telephone (______)______-_______       D.O.B.: _____/_____/_____
Secondary telephone (______)______-_______
CSN Email: ________________________________________

I would like to receive CSN Campus Recreation e-mail updates:
□ Yes  □ No

Please check your College of Southern Nevada affiliation:
□ Student  □ Faculty  □ Staff

How did you hear about our program?
□ Colleague  □ CSN Website  □ Email
□ Brochure  □ Brochure Other

LOCKER RENTAL INFORMATION:
Per semester: $12.00 (Large) $10.00 (Small)
Please visit the Cashier’s office if you would like to rent a locker. You must bring your receipt to the Campus Recreation to be assigned to a locker and receive your combination code. This code is only valid for the current semester.

REPLACEMENT CARD, FACILITY USAGE & REFUNDS
First lost card is free. Second lost card you will be charged a $20 fee for a replacement card. Please visit Campus Recreation first for approval. This fee must be paid at the Cashier’s office. Then bring your receipt to Campus Recreation. You must present your membership card to use our facilities and check out equipment; or you will not be able to use our facilities (NO EXCEPTIONS). No refunds will be issued after the 1st drop date of 50% fee.

FOR OFFICE USE ONLY
Received by___________________________________________
Today’s date________________________________

College of Southern Nevada
CSN Campus Recreation
Release in Full

I, (print name)_____________________________________________, hereby chose to use the CSN Campus Recreation and to participate in exercise, the activities and programs offered at and by the Facilities, including, but not limited to, recreational sports, screening evaluations, fitness and/or lifestyle enhancement programs, and exercise activities and programs (hereinafter the “Activities”). In consideration of being permitted to participate in the Activities, I DO HEREBY COVENANT NOT TO SUE, and RELEASE, WAIVE, and DISCHARGE the Board of Regents of the Nevada System of Higher Education (“Board”), its officers, employees, and agents from liability from any and all claims, of whatever kind or nature, resulting in personal injury, accidents or illness (including death), and property loss arising, in whole or in part, from my participation in activities at the facilities. All fees required for participation and/or use are non-refundable.

I expressly understand and agree that the use of the Facilities and participation in the activities shall be undertaken at my own risk, and that I represent that I am physically able to undertake any and all Activities provided. I acknowledge that I should consult a physician prior to participating in the Activities. I recognize that my participation in the Activities may result in health risks, and I willfully assume those risks. I further understand that if I experience any pain, discomfort, fatigue or any other symptoms, that it is my responsibility to discontinue my participation in the Activities and to consult a physician.

I understand that the Activities offered by the Facilities are conducted by personnel that may not be licensed, certified, or registered instructors or professionals, and that any statement made by personnel shall not by relied upon by me as medical advice, counseling or instruction. I understand it is further agreed that all exercise including the use of weights, or any and all other machinery, equipment and apparatus designed for exercising, shall be at my own risk and I alone am responsible for the choices I make in how to exercise. I understand that any equipment checked out and not returned, you will be responsible for paying market value of the equipment.

This Release shall be legally binding on me, my estate, heirs, assigns, legal guardians and personal representatives.

In signing this Release, I represent that I am eighteen (18) years of age or older, and that I have carefully read and fully understand the foregoing provisions.

_________________________   _____/____/____
Signature                    Date

_________________________
Print Name