

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

College of Southern Nevada CSN Campus Recreation

Release in Full

Name: _____
(First) (Last)

Address: _____

City _____ State _____ Zip _____

Primary telephone (____) _____ - _____ D.O.B.: ____/____/____

Secondary telephone (____) _____ - _____

CSN Email: _____

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 be 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

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 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 _____